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ROYAL COMMISSION OF INQUIRY INTO CERTAIN  
DEATHS AT THE HOSPITAL FOR SICK CHILDREN AND  
RELATED MATTERS.

Hearing held  
8th floor  
180 Dundas Street West  
Toronto, Ontario

The Honourable Mr. Justice S.G.M. Grange

Commissioner

P.S.A. Lamek, Q.C.

Counsel

E.A. Cronk

Associate Counsel

Thomas Millar

Administrator

Transcript of evidence  
for  
April 2, 1984

VOLUME 123

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ROYAL COMMISSION OF INQUIRY INTO CERTAIN  
DEATHS AT THE HOSPITAL FOR SICK CHILDREN  
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Hearing held on the 8th Floor,  
180 Dundas Street West, Toronto,  
Ontario, on Monday, the 2nd day  
of April, 1984.

- - - - -

THE HONOURABLE MR. JUSTICE S.G.M. GRANGE - Commissioner  
THOMAS MILLAR - Administrator  
MURRAY R. ELLIOT - Registrar

- - - - -

APPEARANCES:

P.S.A. LAMEK, Q.C.) Commission Counsel  
E. CRONK )

T.C. MARSHALL, Q.C.) Counsel for the Attorney  
D. HUNT ) General and Solicitor General  
L. CECCHETTO ) of Ontario (Crown Attorneys  
and Coroner's Office)

I.J. ROLAND) Counsel for The Hospital for  
M. THOMSON ) Sick Children  
R. BATTY )

B. PERCIVAL, Q.C.) Counsel for The Metropolitan  
D. YOUNG ) Toronto Police

K. CHOWN Counsel for numerous Doctors  
at The Hospital for Sick  
Children

F. KITELY Counsel for the Registered  
Nurses' Association of Ontario  
and 35 Registered Nurses at  
The Hospital for Sick Children

(Cont'd)...



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APPEARANCES: (Continued)

H. SOLOMON Counsel for The Ontario  
Registered Nursing Assistants

J. SOPINKA, Q.C.) Counsel for Susan Nelles -  
D. BROWN ) Nurse

G.R. STRATHY) Counsel for Phyllis Trayner -  
E. FORSTER ) Nurse

M. ROSENBERG Counsel for Sui Scott - Nurse

J.A. OLAH Counsel for Janet Brownless -  
R.N.A.

B. JACKMAN Counsel for Mrs. M. Christie -  
R.N.A.

M. MANNING, Q.C.) Counsel for Mr. & Mrs. Gosselin,  
S. LABOW ) Mr. & Mrs. Gionas, Mr. & Mrs.  
Inwood, Mr. & Mrs. Turner, Mr. &  
Mrs. Lutes, and Mr. & Mrs. Murphy  
(parents of deceased children)

F.J. SHANAHAN Counsel for Mr. & Mrs. Dominic  
Lombardo (parents of deceased  
child Stephanie Lombardo); and  
Heather Dawson (mother of  
deceased child Amber Dawson)

W.W. TOBIAS Counsel for Mr. & Mrs. Hines  
(parents of deceased child  
Jordan Hines)

J. SHINEHOFT Counsel for Lorie Pacsai and  
Kevin Garnet (parents of deceased  
child Kevin Pacsai)

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391 Copy of Exhibit 76 at Preliminary  
Hearing.

7977







M/ak

1  
2 --- Upon commencing at 10:00 a.m.

3 THE COMMISSIONER: Yes, Mr. Lamek?

4 MR. LAMEK: Mr. Commissioner, I  
5 think Mr. Sopinka has something he wants to say  
6 first.

7 THE COMMISSIONER: Yes, Mr. Sopinka.

8 MR. SOPINKA: Good morning,  
9 Mr. Commissioner. As you are aware I act for Susan  
10 Nelles who is the next witness and while I understand  
11 that the practice has been for Commission Counsel to  
12 examine witnesses in the first instance, Susan Nelles  
13 is in somewhat of a different position and I am  
14 making an application that I be allowed to examine  
15 her in chief.

16 I have discussed the areas that I am  
17 going to cover with Mr. Lamek and I think we are  
18 in agreement. I submit that this practice accords  
19 with the jurisprudence of which you of course, sir,  
20 are very familiar. In the Public Inquiries Act and  
21 Shulman, Case 63 Dominion Law Reports 2nd at page  
22 578 the Court of Appeal in that case reversed  
23 rulings that were made by Mr. Justice Parker, as  
24 he then was, acting as a Commissioner in that  
25 inquiry in which he did not allow Mr. Shulman to  
give his examination in chief through his own counsel.





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3 In that case at page 581 the Court  
4 of Appeal distinguishes between the sort of  
5 Commission that is simply a fact finding Commission  
6 and one where a person's conduct is under scrutiny.  
7 In that kind of a Commission the Court said that  
8 a person whose conduct is being examined is entitled  
9 to have his evidence in chief brought out through  
10 his own counsel.

11 THE COMMISSIONER: Well, we have  
12 been doing that, it is just a question of the order  
13 I suppose.

14 MR. SOPINKA: Yes.

15 THE COMMISSIONER: You want to go  
16 first, is that what you're saying?

17 MR. SOPINKA: That's right.

18 THE COMMISSIONER: And then what  
19 happens after that?

20 MR. SOPINKA: And then the order  
21 I think is agreed, Mr. Lamek will go next. We  
22 have discussed the areas that we are going to cover.

23 THE COMMISSIONER: And then in  
24 the examination you go first and he goes last?

25 MR. SOPINKA: That's correct.

THE COMMISSIONER: Do you have  
any comment on that, Mr. Lamek?







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MR. LAMEK: Mr. Commissioner, no.

Mr. Sopinka has been good enough to tell me what he proposes to do. Indeed, I should tell you, sir, that some months ago now I raised this suggestion with Mr. Sopinka and told him that I would consider it if he wished to go first. In this Commission it is unprecedented but there may indeed be special circumstances. I am prepared to agree to that, sir, and have so told Mr. Sopinka on two understandings: first, that he will lead her evidence on certain matters that he has outlined to me. I understand that Mr. Sopinka does not propose to ask Miss Nelles at this stage questions about any of the children whose deaths are in issue. As he has just told you, when he comes to re-examination I will go last and Mr. Sopinka's will be the penultimate examination of his client.

On that basis, sir, I have no objections to my friends going first with Miss Nelles.

THE COMMISSIONER: Does anyone else have any comments on it?

Well, I think it is perfectly in order, so, you proceed as you have suggested.

MR. SOPINKA: Thank you, Mr. Commissioner. Miss Nelles, would you take the





1  
2 witness stand.

3 SUSAN NELLES, Sworn

4 DIRECT EXAMINATION BY MR. SOPINKA:

5 Q. Now, I understand, Susan,  
6 that you have never given evidence before even in  
7 connection with a speeding ticket?

8 A. That's true.

9 Q. So that this is a first for  
10 you and I know that it is difficult but try to  
11 recall. The Commissioner, notwithstanding his  
12 apparent severity, is a very nice fellow.

13 THE COMMISSIONER: Sometimes,  
14 sometimes. Don't be led astray.

15 MR. SOPINKA: Q. Now, you were  
16 born in Trenton, Ontario?

17 A. Yes, I was.

18 Q. And I won't be so indelicate  
19 as to give the actual date, save that you are  
20 younger than Mr. Brown and considerably younger  
21 than I am.

22 A. Yes.

23 Q. And your father, the late  
24 Dr. James Nelles practised as a pediatrician in  
25 Belleville and Trenton?

A. Yes, sir.







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2  
3 Q. And was he a practising  
4 pediatrician when you were a child?

5 A. Yes, he was.

6 Q. And he practised out of the  
7 Belleville General Hospital and the Trenton  
8

9 A. That's right.

10 Q. And he was the chief physician  
11 in a home for the handicapped, the Plainville  
12 Children's Home?

13 A. Plainfield, yes.

14 Plainfield. Your mother  
15 graduated from Queens University in Spanish and  
16 married your father while they were still at school,  
17 they were both at Queens?

18 A. Yes.

19 Q. You have a brother David  
20 who graduated in 1978 from Queens as a doctor?

21 A. Yes.

22 Q. And he trained in the Vancouver  
23 General Hospital as a resident in pediatrics and in  
24 July, 1980 he was a post-core resident at the  
25 Hospital for Sick Children; what does that mean?

A. It means that they rotate  
through the various areas in the Hospital as a third





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year pediatric resident.

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Q. And he worked on the

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Cardiology Ward for one month in September of 1980?

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A. That's right.

6

Q. And was in fact a resident in

7

the Hospital up to March, 1981 and thereafter?

8

A. That's right.

9

Q. And he now practises pediatrics

10

in Belleville, having taken over your father's  
practice when your father died?

11

A. That's right.

12

Q. I want to go over your

13

educational background. Where did you go to

14

elementary school?

15

A. I went to public school first

16

at Queen Elizabeth and then I went to Harry J. Clark  
for Grade 7 and 8, which were both in Belleville.

17

Q. Were you a good student?

18

A. Fairly good, yes.

19

Q. And as far as you are aware

20

did you have a normal childhood?

21

A. I think so, yes.

22

Q. You had friends?

23

A. Yes.

24

Q. Didn't get into too much

25







1  
2 trouble but just enough to be normal?

3 A. Right.

4 Q. And then you went to, what  
5 high school did you go to?

6 A. It was called Moira Secondary  
7 School, which was also in Belleville.

8 Q. And I understand that you  
9 were an above average student obtaining marks in  
10 the high seventies?

11 A. Right.

12 Q. And you also engaged in  
13 athletics and were a gymnast?

14 A. Yes.

15 Q. What is the best that you did  
16 in gymnastics?

17 A. I think I placed second in  
18 one of the Central Ontario Secondary School  
19 Association meets.

20 Q. I see. And when was that?

21 A. It would have been my first  
22 year of high school.

23 Q. And did you continue doing  
24 gymnastics right through high school?

25 A. Yes.

Q. Now, in high school did you





1  
2 have a normal social life, that is, friends, boy  
3 friends, et cetera?

4 A. Yes.

5 Q. The Vice Principal has  
6 indicated that you were self-assured, the leadership  
7 type. Do you agree with that description?

8 A. I suppose so.

9 Q. Well, what sort of leadership  
10 did you show? I know that in this Inquiry you were  
11 described by Meredith Frise as being "small but  
12 mighty". What leadership matters did you engage in  
in high school? You have mentioned gymnastics.

13 A. That was the primary area  
14 where I participated in. I wasn't actually involved  
15 in any student politics or anything at that time.

16 Q. You didn't advocate the  
17 overthrow of the principal or anything like that?

18 A. No.

19 Q. Now then you attended Queens  
20 University from 1974 to 1978 and you graduated  
with a Bachelor in Nursing.

21 A. Bachelor of Science in Nursing,  
22 yes.

23 Q. Yes. And how did you decide  
24 to go into a nursing course?  
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A. I think I always wanted to be a nurse and I remember being told that fairly on in high school there was a nursing program offered at the university level and that appealed to me because I also felt that I wanted to go to university.

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Q. Now, in your fourth year it was an elective as to whether you chose pediatrics and I understand you chose pediatrics?

11

12

A. That's right.

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Q. You could have chosen other areas?

16

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A. We were to choose an area of specialization and write a major research report in that area.

19

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Q. And why did you choose pediatrics?

21

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A. Because that was my major interest.

Q. And did you continue to be active socially and have a lot of friends?

A. I think so, yes.

Q. Now then, you took your nursing training at the Hotel Dieu in Kingston, St. Mary's on the Lake in the summer of '75 and







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the Kingston Psychiatric Hospital?

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A. And the Kingston General  
Hospital.

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Q. And the Kingston General.  
During your high school and university did you  
have any summer jobs?

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A. Yes, I did. In high school  
before I turned 16 I did some volunteer work in the  
hospital and I then, in the latter years of high  
school, worked for a telephone answering service  
and then when we got to university I did mainly  
nursing related things. I worked at a nursing  
home for the first summer and then after that I  
worked as a nursing assistant in the Belleville  
General Hosiptal.

16

17

18

Q. Well then, I understood your  
first job as a nurse after finishing training was  
at the summer camp in Kilcoo at Minden?

19

20

A. Right.

21

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Q. It's Kilcoo and it's at  
Minden?

23

24

25

A. Right.

Q. And what were your duties  
there?

A. I was the nurse in charge of





1  
2 the camp basically, the camp nurse, and I ran the  
3 infirmary and looked after the health interests of  
4 the campers as well as the staff. I had an RNA  
5 working with me as well. There were four physicians  
6 who each had a two-week block at the camp for the  
7 two months.

8 Q. And how many campers were  
9 there and what were their ages, approximately?

10 A. It was a private boys' camp,  
11 there were approximately 200 boys per month and  
12 they would range in age probably from about 8 to 15  
13 before they would start their counsellor in training.

14 Q. Were there any physicians  
15 at the camp there that we might know of, some of the  
16 more prominent ones?

17 A. One of the physicians is  
18 Dr. Egan who is head of Ambulatory Services at  
19 the Hospital for Sick Children; another one was  
20 Dr. William McRae who is also a pediatric ophthalmologist.

21 Q. And at the end of the summer  
22 did you get a good report about your work?

23 A. I think so, yes.

24 Q. Well then, next you went to  
25 Vancouver and were employed at the Vancouver General  
commencing in September of 1978 and you were in the







1  
2 Pediatric Health Care Centre?

3 A. Yes.

4 Q. Why did you decide to go to  
5 Vancouver?

6 A. At that time jobs were  
7 probably a little more difficult for nurses to  
8 obtain and before I went to the camp I had received  
9 an acceptance from the Vancouver General. So, it  
10 seemed to make it easier that I would have a job  
waiting for me as soon as I finished camp.

11 Q. And you were a general duty  
12 nurse on East 2?

13 A. Right.

14 Q. And treated children five years  
15 of age and over?

16 A. Right.

17 Q. And what sort of problems did  
the children there have?

18 A. As you said, it was primarily  
19 a floor for children five years of age and up and  
20 it was mainly surgical and an orthopedic floor and  
21 we also had a peritoneal dialysis unit on the ward  
22 as well.

23 Q. Then in March and April '79,  
24 where you transferred to 3B?  
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A. 3B, yes.

Q. Why was that?

A. I'm not sure exactly but I believe that there were a shortage of nurses in the infant areas and also some of the orthopedics on East 2 were being transferred to another hospital. So, they closed part of the ward and transferred some of the nurses to the infant areas where there was a shortage.

Q. And on 3B you had infants and toddlers?

A. Right.

Q. And did the problems include cardiology and general medicine?

A. Right.

Q. Now, in July of '79 you left Vancouver and returned to Ontario?

A. Right.

Q. Why was that?

A. I decided I wanted to work closer to home.

Q. And you started at the Hospital for Sick Children in September of '79?

A. That's correct.

Q. How did you go about getting a





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job there.

A. I had been home from Vancouver in May of that year and I had made some applications both to the Eastern Ontario Children's Hospital in Ottawa and also to the Hospital for Sick Children. I was accepted at the Hospital for Sick Children pending my arrival back from Vancouver.

Q. And had you applied for any particular ward or area in the Hospital?

A. Yes, I had specifically asked for cardiology.

Q. And why was that?

A. Because I had started to do some cardiology on West 3/B in Vancouver and it interested me and I supposed partially from encouragement from my father who knew of cardiology at Sick Kids that I pursued that.







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Q. What ward did you commence on? Did you actually commence on the cardiology ward?

A. No. I started at the Hospital on Ward 6A, which was an orthopaedic ward.

Q. How did that come about?

A. There was some mix-up when I actually arrived at the Hospital, and that is where they had placed me, on the orthopaedic ward, and at that time there was not an opening in cardiology. So approximately a month after I started on Ward 6A, I learned that there was an opening on 5A and I asked to be transferred.

Q. And were you?

A. Yes, I was.

Q. And then you became a general duty nurse on Ward 5A?

A. That's right.

Q. And did you work on Ward 5A until there was a reorganization and it became Wards 4A and 4B?

A. Right.

Q. And when did you start work as a member of the Trayner nursing team? Was that when the reorganization took place?





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A. No. I believe that I first started working on Mrs. Trayner's team in the first part of June of 1980.

Q. And when did she become a team leader

A. I believe that was when the ward was -- when we moved down to Ward 4A and 4B.

Q. Was that in March of 1980?

A. Yes, the end of March.

Q. Had you worked with Phyllis Trayner before she became a team leader?

A. On occasion, yes, but she was not actually on my team when I worked on 5A.

Q. Now, there is some suggestion in the evidence that you expected to get the job as team leader that Phyllis Trayner got. What do you say about that?

A. That is not true. I was -- at that point, I had only been on -- I had only worked in cardiology since October and was probably not qualified to be a team leader. My experience did not warrant that I would be.

Q. Was there another appointment of team leader in March of 1981 that you had something to say about?





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A. Yes. On the evaluation that I received from my head nurse, Mrs. Radojewski, it had said something to the effect that I would be considered for the next team leader position and that I should be considered to take what they called the team leader course. In fact, a position of team leader position did become available in March of 1981.

Q. And what happened?

A. I did not get that position and it was given to another girl, who was the backup team leader on the team that needed the team leader, and I did not have an opportunity to discuss it with Mrs. Radojewski before I was charged.

Q. Well, did that cause you any problem, that somebody else had got it and you didn't?

A. It wasn't a problem so much that she had, as I say, explained to me that the next team leader position I would be considered for, and I can understand her reasoning in choosing the backup team leader to take over on the same team, but I just felt disappointed that she had not in fact discussed it with me before that.

Q. Now, the Trayner team was placed on a leave of absence in the latter part of







Nelles  
dr.ex. (Sopinka)

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March 1981.

A. That's right.

Q. And then shortly thereafter they returned to work but you remained on leave of absence until July of 1983.

A. That's right.

Q. Now, after your discharge at the preliminary hearing, did you seek work in other hospitals?

A. Yes, I did.

Q. And were you able to get work?

A. Not at that time, no.

Q. So, you returned to The Hospital for Sick Children in the dialysis unit in July of 1983. How did you manage to do that? What did you do in order to get back?

A. I had several meetings with the Executive Director of the Hospital, who I first contacted in December of 1982, and I met with him on seven or eight occasions and, finally, in July I started my current position at the Hospital.

Q. Did you find that an easy thing to do, to go and see Mr. Snedden, is it?

A. Yes. No. I mean it is highly unusual for a nurse to approach the Executive





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Director of the Hospital, and I had to meet with him, as I say, on numerous occasions before I was able to convince him that, yes, I should return to work.

Q. And how are you doing?

A. I am glad to be back.

Q. Have you received any adverse reports from anybody about your work?

A. Not at all.

Q. Now, have you ever had any emotional, mental or personality problems that required treatment, attendance on a psychiatrist or psychologist or other physician?

A. No, I have not.

Q. You were examined by a psychiatrist at Mr. Cooper's request, not because you had a problem but as possible evidence in the proceedings.

A. That's right.

Q. And were the results positive?

A. I think so, yes.

MR. SOPINKA: Mr. Commissioner, I have discussed this with Mr. Lamek, and he has copies of these reports, and I have also discussed it with some other counsel. I propose to go over these





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reports with Miss Nelles in order to establish that the factual basis upon which they are based is accurate, because much of it comes from her.

THE COMMISSIONER: The use of that word "positive", I take it that, by positive, you meant there was no mental disorder? Is that what you mean by "positive"?

MR. SOPINKA: Well, I think it is better to look at the reports. I think it goes further than that.

THE COMMISSIONER: Yes. All right.

MR. SOPINKA: The first report is of Dr. Stanley E. Greben, a psychiatrist, and I tender that as the next exhibit.

Q. Is that the psychiatric report that Mr. Cooper received, Miss Nelles?

A. Yes, it is.

THE COMMISSIONER: That will be Exhibit 389.

--- EXHIBIT NO. 389: Report of Dr. Stanley E. Greben,  
8 September 1981, re Susan Nelles.

MR. SOPINKA: That is Exhibit 389 and then the next one is a report prepared by Dr. Leonard J. Goldsmith, a psychologist, and it is dated July 3, 1981.







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A. Right.

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THE COMMISSIONER: That will be 390.

4

--- EXHIBIT NO. 390: Report of Dr. Leonard J.  
Goldsmith, 3 July 1981, re  
Susan Nelles.

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MR. SOPINKA: Q. Would you look at  
that report, and I am going to go over it and ask you  
about some of the things that are attributed to you  
there.

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"At your request, I have examined the  
~~above~~-named client. I have seen her  
on four occasions, each approximately  
one hour in duration. During these  
times, I conducted a complete clinical  
examination of her past personal and  
medical history, her current mental  
status and her reaction to her present  
legal problems. I then referred Miss  
Nelles for psychological examination to  
Dr. J. Goldsmith, Chief Psychologist  
of the Toronto General Hospital. You  
have a copy of the report.

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Miss Nelles was born in Trenton  
on July 1, 1956. Her father, aged 56,  
grew up in Hamilton and graduated as a  
medical doctor from Queen's University.





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He is the Chief of Pediatrics at the Belleville General Hospital and also does a private practice in pediatrics.

Her mother, age 55, graduated from Queen's University, majoring in Spanish. The parents married when the father was in his final year of medical school. Her mother is a housewife and has engaged in voluntary community work. Her brother, David, age 28, is a third year pediatric resident at The Hospital for Sick Children, Toronto.

Miss Nelles grew up in an upper middle-class home in Belleville where she says: 'I had all the opportunities.'

Is that a statement that you made?

A. As I recall, yes.

Q. "She always had many friends, having a bright and sociable disposition. During her last year of high school, her brother was away in Vancouver and she felt the benefit of having all the attention of her parents. She remembers no serious





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traumata in her early life, living  
'a pretty normal teenage life'."  
That is what you have told the  
Commissioner in your evidence so far.

"In 1978, she graduated with a  
Nursing Science Degree from Queen's  
University.

With regard to her work, 'I  
think I always wanted to be a nurse.  
At age fifteen, I learned that there  
was a degree program in nursing at  
the University and decided that was  
ideal for me.' She was a competent,  
not outstanding, student at university.  
She worked in Vancouver for a year as  
a nurse on the Pediatric Unit of the  
Vancouver General Hospital."  
Is that an actual statement in that  
paragraph?

A. Yes.

Q. "She then came to Toronto  
where she worked for one and a half  
years on the Cardiology Unit at The  
Hospital for Sick Children. She liked  
this work very much. She worked with







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children who 'had serious medical problems but are basically normal mentally'. Many of the children had heart defects and would return to the Unit more than once, so that she came to know them quite well as people and she liked them very much." Did you make those statements to Dr.

Greben?

A. Yes, I did.

Q. "The patients with Down's Syndrome she found very loving and enjoyed working with them. She states, 'I always said that if I had to have a child with a problem, I'd choose a Down's Syndrome: They are easy to work with and you can see their reactions.' She then cried as she stated, 'We have so many children on our floor who are miracles. You can't give up on them. I can't imagine that you could use euthanasia.'"

Did you make that statement, those statements in that paragraph?

A. Yes.





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Q. "I asked whether she ever felt that some disabled children would be better off dead. She replied, 'We had one child with a cleft lip and other facial anomalies. I saw the patients...'"

I think that is a misprint. That should be "parents" and it says "patients".

Is that what you said?

A. Right.

Q. It is "parents" rather than "patients"?

A. Yes.

Q. "'I saw the parents' reaction to him and when he did die, I guess some of us said, 'Maybe it was just as well', but you wouldn't consider wanting to kill him. If he survived, it meant he had the will to live. We had a child with a serious atresia of the heart. They suggested trying surgery but the mother refused, and I thought she had courage; she felt it was wrong to put him through surgery when there was only one chance in a





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thousand to help. I couldn't advise her not to agree to surgery, but I had to admire her courage in deciding that."

Did you make those statements in that

A. Yes, I did.

Q. "Miss Nelles later stated, 'When I see my name with those four charges, it's so strange. The first think I asked the lawyer was, "Do I have a criminal record now?" I just couldn't imagine being known as a criminal. All I can tell you is that my word is everything. I don't make up things. I have a genuine love of children and of my nursing profession. Just to be accused is terrible.'"

Did you make those statements?

A. Yes, I did.

Q. "The mental status examination reveals a normal young woman in whom the greatest stress is that which comes from her being accused of several very serious crimes. No other





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significant pathology in her personality is evident. She cries as she speaks about the seriousness of the charges against her and of the damage that has been done to her and to her family. She is alarmed at the consequences of being found guilty and finds it impossible to contemplate a life spent in prison. She has liked her patients and colleagues and is entirely devoted to the task of combatting ill-health and of helping those in need. The idea of causing harm to someone, of hurting or of killing someone is entirely foreign and repugnant to her. The idea of doing this is in opposition to her professional values and appears to be totally out of keeping with all that I saw in her basic personality. It feels terrible to her to have been accused of such crimes for she feels a genuine love for the children in her care.

There are several features of







Nelles  
dr.ex. (Sopinka)

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the examination which tend to support the idea that Miss Nelles is telling the truth. First, the history of her family and of herself is free of important emotional disturbance. She was raised with love and care in a secure home and as a result is a trusting, loving, responsible young woman.

Second, she has evidently always had the affection and support of good friends, many of whom she has had for some years.

Third, she showed me numerous letters which she and her family had received from people since she had been accused, and they are consistent in their praise of her as a loving, responsible, serious young woman.

Fourth, she showed clinically, both physically and verbally, genuine signs of appropriate upset about the charges against her, about her future, and about the effect of all this trouble upon her family and friends.





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Someone who could lie about such serious matters would not display those natural emotions of sadness, concern and alarm, which spontaneously were exhibited by her. It is extremely unlikely that such a person would not betray evidence of such psychopathy in any single aspect of her history or mental status examination.

In conclusion, I feel the following:

1. Miss Nelles is sane and fit to stand trial.
2. The crimes of which she is accused would be totally repugnant to her. All historical and clinical evidence is against the possibility that she would be capable of killing medical patients in her charge.
3. She shows appropriate concern and alarm at the seriousness of the charges made against her.
4. She is in the upper small group of the population which is





Nelles  
dr.ex. (Sopinka)

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made up of dedicated, caring and  
responsible people, of whom it is  
not possible to consider their  
committing such crimes.

The report of the psychological  
tests administered by Dr. Goldsmith  
is entirely in keeping with the con-  
clusions which arise out of my  
clinical examination."







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Now, I have read all that. Is there anything in that report that is attributed to you that is inaccurate?

A. No.

Q. Now, I won't read the report of Dr. Goldsmith except the conclusion. He administered a number of tests when you attended on him?

A. Yes.

Q. And his conclusion on page 2: "In summary: Susan Nelles is one of the healthiest human beings it has been my pleasure to assess in quite some time. There is simply no indication in my examination of significant psychopathology and certainly no symptoms of the brooding malaise or paranoidal delusions that one might expect to find in an individual who had committed several deliberate homicides. One searches in vain for evidence of impulsiveness, cognitive slippage, et cetera. Psychological picture is consistently one of sound adjustment and resiliency."





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Signed by Dr. Goldsmith.

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Now, Miss Nelles, during the period July '80 to March of '81 there were a large number of baby deaths in the Cardiac Ward at the Hospital for Sick Children. Did there come a time when you wondered about the number of deaths and the fact that many of the children were under the care of the team of which you were a member?

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A. Yes.

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Q. Well, was it on one occasion or more than one occasion?

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A. I would say there were two separate occasions, primarily the summer of 1980 I went on a holiday around the last two weeks of August, 1980 and I certainly can remember noting that in July and August we had had a large number of deaths. And then again I noticed that we were having a large number of deaths and they all seemed to be when our particular team was working and again that was around February, March, 1981.

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Q. Now, I am not going to go into the details of the various babies that this Commission is enquiring into and their deaths but I do want to ask you several questions.

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In attempting to resolve this matter





Nelles, dr.ex.  
(Sopinka)

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in your own mind did you consider at any time that  
the deaths were due to inadequate medical or  
nursing care?

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A. No, I didn't.

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Q. Did you at any time administer  
digoxin or any other drug to a child that was not  
prescribed for the child?

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A. No, I didn't.

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Q. Did you at any time consciously  
administer digoxin or any other drug to a child in  
excess of the amount prescribed?

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A. No, I didn't.

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Q. As far as you are aware, did  
you ever mistakenly administer an overdose of  
digoxin or any other drug to a child or administer  
digoxin or another drug to a child that was not  
prescribed digoxin?

17

A. No, I didn't.

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Q. Now, at any time up to your  
arrest did you think that anyone else was  
administering digoxin that was not prescribed or  
administering overdoses of digoxin?

21

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A. No, I didn't.

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Q. Well now, I want to turn to  
several pieces of evidence that have been introduced





1  
2 to get your comments on them.

3 First of all, at the preliminary  
4 hearing - Mr. Commissioner, I can give you the  
5 reference, Volume 5, page 970 to 71 - Phyllis  
6 Trayner testified to the effect that when the Baby  
7 Pacsai died you said words to the effect that you  
8 were relieved that now that Pacsai died maybe the  
9 doctors would listen to nurses and that hopefully  
10 another tragedy like this would not re-occur.  
Did you say something to that effect?

11 A. Something to that effect, yes.

12 Q. Well, tell us what you remember  
13 saying and what you meant?

14 A. I am not sure of the exact  
15 wording but I said something to the effect that the  
16 Baby Pacsai had died and I was relieved because now  
17 maybe the doctors would see that this had been an  
18 incident where we, as the nurses, had been aware of  
19 a child that was very ill and they had in fact not  
20 listened to us to the extent that I felt they should  
have at that time.

21 Q. Well, what did happen at that  
22 time that caused you to make that observation?

23 A. On that particular night there  
24 had been another arrest in that, I think it was  
25







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2 Baby Manojlovich, had arrested and died that evening  
3 and when I went back to my patient, Kevin Pacsai,  
4 he was not the same baby that I had left before, he  
5 was exhibiting very abnormal patterns of the heart.  
6 I remember at that time that I went out to the desk  
7 to notify, I believe it was Dr. Kantak and Dr.  
8 Ning and Dr. Costigan and they came into the room for  
9 a short period of time but at that particular moment  
10 the baby's heart pattern was fairly regular. Then,  
11 shortly after that, he again started to exhibit these  
12 very unusual patterns and I went out to the desk to  
13 again bring them in and I learned at that time that  
14 Dr. Ning who was the cardiac fellow had gone home  
15 and I was upset because I think that I had  
16 portrayed to them, or at least tried to tell them  
17 that I was not comfortable with this child and that  
18 I felt he was very unstable and that he was exhibiting  
19 a lot of very unusual heart patterns on his monitor.

20 So, that's where the next day when I  
21 came back to the floor I learned that after we  
22 had transferred the baby to the - I felt that at  
23 least we had been able to get that child to the  
24 intensive care but the next day when I came back to  
25 the floor to work that night I found out that Kevin  
had in fact died in the intensive care that morning





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2 and it probably was a poor choice of words in that  
3 it didn't really express what I was trying to say.  
4 What I was trying to say was that he was a case  
5 where this child had obviously been very ill and he  
6 was obviously displaying very abnormal heart  
7 characteristics and the doctor had not paid much  
8 attention because in fact he had gone home.

9 Q. Were you ever relieved that  
10 Baby Pacsai had died?

11 A. No.

12 Q. If you used the word relieved,  
13 what was it that you were relieved about?

14 A. I was relieved that now maybe  
15 the doctors would listen to what we were trying to  
16 say.

17 Q. Now, Kathy Coulson in giving  
18 her evidence before this Commission, Volume 107,  
19 page 4313 to 4 testified that you made a statement  
20 to her:

21 "Sometimes I feel guilty that I don't  
22 feel bad."

23 Do you recall any such statement?

24 A. Again, I don't remember the  
25 exact wording. I remember talking to Miss Coulson  
on several occasions during the period when we were





Nelles, dr.ex.  
(Sopinka)

1  
2 having a lot of arrests.

3 Q. She testified at the preliminary,  
4 Volume 7, page 1727 as follows:

5 "I don't remember the exact date but  
6 I remember walking up to the nurses'  
7 station to the front desk there and  
8 Sue was writing and I went up to her and  
9 leaned over the counter and said to  
10 her, Sue, how are you doing with all  
11 this, and she looked up at me and she  
12 said sometimes I feel guilty that I  
13 don't feel bad and I said, what do you  
14 mean and she said, well, I have talked  
15 to Liz about it and then we just talked  
16 about the fact that, you know, we  
17 express ourselves in different ways  
18 and some people cry and some people  
19 don't and it is all in how we look at  
20 death and life."

21 Were you referring to the fact that  
22 you didn't cry and that's why you felt bad?

23 A. I think that's probably in  
24 comparison to some of the other nurses on the floor  
25 I didn't show as much emotion as some of them did.

Q. Well, how did you try to







Nelles, dr.ex.  
(Sopinka)

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2 handle the baby deaths . Some cried. What was your  
3 method of handling it?

4 A. Well, myself, I don't think that  
5 I would be able to continue to function on the ward  
6 if I sort of let myself cry or whatever because then  
7 I would in a sense be losing control and I think  
8 that one has to realize that when these children were  
9 dying it was extremely hard but as a nurse you had  
10 to continue with your work on the floor.

11 Q. They didn't give you time -  
12 I mean, when a baby died you couldn't go home I take  
13 it?

14 A. No. I mean, it meant continuing  
15 to look after the other children that were on the  
16 floor at that time.

17 Q. Now then, Kathy Coulson also  
18 testified at this inquiry, Volume 106, page 1460  
19 that she had a conversation with you shortly after  
20 Cook died and while you were bathing him she came  
21 to see you to say goodbye, I gather she was going off  
22 the shift or something, and you said that Dr.  
23 Jedeikin had come to you and said:

24 "...I just want you to know..." this  
25 is Dr. Jedeikin speaking:

"... the baby had excellent care, ..."





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2 Did you have that conversation?

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A. Yes, I did.

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Q. Was there anything peculiar about Dr. Jedeikin saying that or did he say it in a peculiar manner or anything like that?

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A. No, he did not. I think that there had been some concern that the nursing care on the floor was not up to scratch and Dr. Jedeikin made a special point that night of assuring me that he felt that that baby had received excellent care and I think I was mainly passing it along to Kathy so that I wasn't the only one who realized that one of the physicians on the floor was pleased with what had gone on.

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Q. Dr. Fowler testified, Volume 34, page 6533 to 4, and his original version was somewhat different than his version under cross-examination but I think it finally comes down to this that three-quarters of an hour to one hour after Cook's death you were writing up the final report in his medical chart and he observed you and you didn't look the way that he would have expected because you weren't crying. Do you recall the circumstances?

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A. I recall that on that particular





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2 morning Dr. Fowler did not arrive on the floor until  
3 perhaps an hour after the child had died and his  
4 testimony was that he saw me at the desk and it would  
5 be my feeling that I at that time would be writing  
6 the report, the final nursing note as to what had  
7 happened that night.

8 Q. He said you were writing?

9 A. Right.

10 Q. Well, what do you say about  
11 the fact he was surprised that you weren't crying?

12 A. Well, it is my feeling that if  
13 he was observing me writing at the desk that in order  
14 to write the final nursing note on a baby chances  
15 are you are going to have to concentrate and try and  
16 recall what actually transpired during the night and  
17 it is pretty important I think that you get it  
18 accurate and myself again I don't see that it would  
19 be particularly helpful if I was sitting there  
20 crying and expressing myself emotionally when I am  
21 actually trying to write something that is very  
22 important.

23 Q. The next little piece of  
24 evidence is given by three different witnesses.  
25 First of all Mandal, Volume 14, page 45 says that  
you made a statement to the effect that in six or





11 1 seven nights, four or five deaths, not a bad record,  
2 huh, and she thought it was a strange comment. Bertha  
3 Bell testified before this Commission, Volume 100,  
4 page 2806 that she heard a remark 'Six out of seven  
5 ain't bad'. She took it as a remark by a nurse who  
6 was frustrated with the whole situation. Meredith  
7 Frise testified at this Inquiry, Volume 10, 4781  
8 that you made a remark such as 'Six out of seven  
9 ain't bad'. Do you recall making such a remark?

10 A. Again, I don't remember the  
11 exact wording but it was something to the effect of --

12 Q. Well, first of all, the  
13 evidence is that it was after Baby Cook died.

14 A. Right.

15 Q. Well, tell us what was your  
16 condition and how did you feel after Cook died?

17 A. Well, in effect I think the  
18 last seven nights our particular team had worked, I  
19 am not sure exactly of the numbers, but we had lost  
20 a child almost every one of those last nights that  
21 we had worked. It's hard to describe how you feel  
22 when you lose one child let alone when you lose six  
23 or seven in such a short period of time.  
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Q. Well, how did you feel?

A. I felt that it was very upsetting, it was hard to want to come to work; it was totally exhausting. I can remember just feeling like I couldn't go on sort of thing, that it had taken everything out of me, sort of thing.

Q. And if you made a remark such as that, what did you mean by it, what were the circumstances that you would make such a remark? I mean, did you really mean to joke about the fact that was not a bad record?

A. Not at all. As I remember it I said something to the effect of, we have lost four children in seven nights, what a record. In other words, what a terrible record and how could anyone imagine that we could possibly lose so many children.

Q. Now, do you recall having a discussion with Lynn Johnstone about a remark such as this, did she ever come up and speak to you about that?

A. I would not have seen Lynn Johnstone. I made that remark after the death of Cook and I would not have seen Lynn Johnstone again until she appeared at the preliminary hearing.





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3 Q. Did you ever make a remark  
4 similar to this one prior to Cook's death?

5 A. No.

6 Q. Do you have any explanation  
7 about the fact that Mandal thought it was a strange  
8 comment but Bertha Bell thought it was normal in  
9 the circumstances?

10 A. As I recall that morning when  
11 I made that comment we were in a dirty utility room  
12 and there was Liz Radojewski, Phyllis Trayner,  
13 Marie Mandal and myself, and of those four people  
14 the only one that really thought it was a derogatory  
15 comment, or a comment that was in poor taste was  
16 Marie Mandal, and I found that unusual in the  
17 sense that Marie had not been, she had not been  
18 there when any of these deaths had taken place,  
19 so she could not possibly know what it was like to  
20 work and lose that many children in that many nights.

21 Q. So she wouldn't have the  
22 atmosphere that Bertha Bell did?

23 A. No, not at all.

24 Q. The evidence shows that there  
25 was a meeting at Liz Radojewski's house and the  
witness Mary Costello made certain notes as to what  
was said and those notes are marked as Exhibit 309.





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3 MR. PERCIVAL: Mr. Commissioner,  
4 are we going to go into that in view of your ruling?  
5 I can tell you if you go into it --

6 THE COMMISSIONER: No. The Pacsai  
7 child, I suppose that has to be dealt with. The  
8 Pacsai child, what she said about that --

9 MR. SOPINKA: Yes, that is all I  
10 am dealing with.

11 MR. PERCIVAL: Thank you.

12 THE COMMISSIONER: We are not  
13 otherwise, I trust, going into that meeting?

14 MR. SOPINKA: No. This is on the  
15 fourth page, Mr. Commissioner, and I was going to  
16 shorten it, Exhibit 309.

17 Q. Now her notes indicate that  
18 in retrospect she remembers you saying, and of  
19 course this is sort of in shorthand so it will not  
20 be a complete version of what was said:

21 "I have got my private legal counsel  
22 from lawyer roommate." 'I' or 'We' -  
23 "didn't do anything wrong. I know I  
24 measured the dig. Pacsai's correctly.  
25 I remember small amount in syringe  
plunger not far out one squirt,  
checking with Mary Jean, giving





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"Kevin Pacsai dose, right card, right baby, we'll get through this, must stick together and support each other."

Now, I am going to break it down a bit. First of all, the statement about having your own private legal counsel --

MR. PERCIVAL: Mr. Commissioner, as I said, if he wants to bring it up then it is going to be opened up for cross-examination.

THE COMMISSIONER: Yes. I think the "must stick together and support each other" is hardly in this phase. So if you can leave that.

MR. SOPINKA: I will just deal with the Pacsai aspect.

THE COMMISSIONER: I think it, the Pacsai I can understand, the rest of it we may be in trouble.

MR. SOPINKA: The only thing is it might be suggested there is some inference to be drawn in this phase, the fact that she had got her legal counsel somehow is an indication of guilt.

THE COMMISSIONER: Not an indication, not an inference I am likely to draw anyway.

MR. SOPINKA: Thank you. I wouldn't







1  
2 draw it either otherwise, I would have to support this  
3 sort of activity.

4 Q. I will restrict myself to the  
5 remark about Pacsai. Did you make that statement  
6 about the way in which you administered digoxin to  
7 the Baby Pacsai?

8 A. Yes, because this was the  
9 first time that I had seen Mary Jean Halpenny since  
10 that night. So I had never had any chance to confirm  
11 with her that in fact she had checked the digoxin that  
12 we were giving Pacsai that night.

13 Q. Then, I don't know whether  
14 my friend objects to this; Phyllis Trayner in her  
15 testimony at the preliminary in Volume 4, page 84  
16 said this about what you said at that meeting:

17 "Sue was quite pleased that now some-  
18 body was doing something. Maybe,  
19 you know, they were investigating,  
20 she was confident herself and in her  
21 team."

22 Did you make that statement?

23 A. I made some comment such as  
24 that, yes.

25 Q. And were you pleased that the  
matter was being investigated?





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A. Yes, I was.

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Q. Why?

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A. Because we had had a large

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number of deaths and they all seemed to come on our

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team, and I felt that the nursing care that those

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children had received was up to scratch, that we had

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done what we were supposed to do, and that if an

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investigation was to take place then that was

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necessary and perhaps you would finally come up

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with some answers as to what was going on on the  
floor.

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Q. Jacqueline Cook testified at

13

the preliminary hearing, Volume 1, page 201, that

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you made a statement to her:

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"There is a chance like don't look at

16

the best, look at the worst because

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he might not make it."

18

Do you recall making a statement  
such as that to Jacqueline Cook?

19

A. Yes, I did.

20

Q. Would you explain the

21

circumstances?

22

A. That was a Saturday evening

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somewhere around 9:30 and 10 o'clock at night and

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the mother, Mrs. Cook, had come into the room at

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1  
2 about 8 o'clock for just a few minutes, and then she  
3 had left and then she came back as I say around  
4 9:30, 10 o'clock with her husband. They specifically  
5 asked me about surgery that was to take place on  
6 Sunday, and I explained to them that it was emergency  
7 surgery that we did not normally do procedures on  
8 Sunday, and in my -- having met these parents the  
9 night before and having seen how the circumstances  
10 of them bringing their child to us, at that time  
11 approximately 3½ months old, to the Sick Children's  
12 Hospital, I did not feel that those parents really  
13 realized how sick their baby was. When they asked  
14 me specifically about the surgery that was to take  
15 place on Sunday I was concerned that they had no  
16 expectation at all, they just assumed that it was  
17 fairly routine and that their child would get through  
18 it. I felt that because again they had specifically  
19 asked me about the surgery, that I could not lie and  
20 that I had to tell them that he was a very sick baby  
21 and that there was a chance that he might not make  
22 it through the surgery that he was having the next  
23 day.

24 Q. Was there any rule at the  
25 Hospital specifically prohibiting a nurse from making  
that kind of a statement to the parents?





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A. Not a rule, no.

Q. I take it, ordinarily I mean the doctor is the one who would give a report to the parents?

A. That is right, but I think, as I say these parents specifically asked me about the surgery the next day and I felt that I could not lie. I think too you had to consider that he, as I say, had been brought in on an emergency basis on the Friday night; he had had a heart catheterization that day and they found a number of serious defects and then he was scheduled for emergency surgery Sunday morning. I think that in itself said - and he also had a couple of very bad blue spells, so it certainly said that this was a child that was very ill and that was very unstable.

Q. You were on vacation I believe from March 13th, 1981 until March 20th, approximately?

A. I think those are the dates, yes.

Q. And where were you, in Belleville?

A. I went to Quebec City for several days and then returned to Belleville, yes.

Q. And while you were on vacation







1  
2 did you have a call, a telephone call from Liz  
3 Radojewski?

4 A. Yes. I received a call from  
5 Liz on the Wednesday night.

6 Q. And there was some discussion  
7 about there being an inquest into the Pacsai child?

8 A. That's right. She told me  
9 at that time that it appeared that there was going  
10 to be an inquest into the death of Kevin Pacsai,  
11 that he had died with a high digoxin level and that  
12 they were pursuing that.

13 Q. Now, there is some suggestion  
14 in the evidence that you accepted the fact of this  
15 call with something less than good grace. Did you  
16 have something to say about it when you came back  
17 from holidays?

18 A. I felt that at the time  
19 Mrs. Radojewski had called me at home, and I was  
20 on holidays and I remember feeling somewhat, the  
21 call upset me, because it scared me, and she said  
22 that I would be asked, I would be questioned in  
23 regard to Pacsai's death because I had looked after  
24 him that night. But I felt that at that point that  
25 she - it was something that could have waited until  
I got back, and I also thought that perhaps it would  
have been something better said to me in person





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rather than on the phone.

Q. Did you tell somebody that?

A. I believe when I returned to work on the Friday night that I said something about, that Liz had called me at home and that I had been annoyed by that.

MR. SOPINKA: Mr. Commissioner, I wonder if the witness could be given Exhibit 115, which is the medical chart from Allana Miller.

Q. Could you turn to page 38, there are two pages there, it is 18 and 38, on each page in some cases there are two page numbers.

A. Right.

Q. Mr. Brown says the official page is 38. Now, that is the medication and treatment record of Allana Miller, what is that, could you just explain that?

A. This is a sheet that is made out usually by the team leader, or the nurse in charge, and is transcribed on to this page at the time that a physician writes his orders as to the medications that he would like a child to be on. It tells you the date that the drug was ordered, and then what the drug is, the amount, the route of administration and the times of administration. Then going across the





1  
2 page has dates as to - well, here it is, 19, 20, 21,  
3 22 and 23.

4 Q. You mean the five columns under  
5 the heading "Signatures"?

6 A. Right. Those refer to specific  
7 days and then it is up to the nurse to sign the  
8 medications that she has given, this is where the  
9 actual recording of the medications takes place.

10 Q. Now, as a matter of practice,  
11 when would you normally fill in this document; would  
12 it be at the time the drug is administered or at the  
13 end of the shift?

14 A. If I was assuming regular  
15 duty on the floor, in other words, if I was not  
16 team leading and I had a patient assignment then  
17 most of the time my signing of the medications would  
18 come at the end of the shift, or when I was doing -  
19 I would take the charts of the children that I was  
20 assigned to and then do, write any progress notes  
21 that had to be written, sign-off any medications  
22 that I had given and record the vital signs on the  
23 vital signs sheet.

24 Q. And were you ever advised  
25 by anybody that that was not an accepted practice?

A. No.





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2 Q. Is there any practical reason  
3 why every time you administered one of these drugs  
4 you wouldn't rush out to the record and fill it in?  
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2 A. Well, in terms of practicality  
3 often you are giving medication as well as doing  
4 a number of other duties and it is really not feasible  
5 to be running out to the desk where the charts are  
6 located every time that you have to make an entry  
7 there.

8 THE COMMISSIONER: Don't you go for  
9 coffee and lunch and things like that?

10 THE WITNESS: Yes.

11 THE COMMISSIONER: Could it not be  
12 done then. I am just concerned as to whether you would  
13 remember at the end of the day - but you have no  
14 trouble remembering what was done, what you haven't  
15 done?

16 THE WITNESS: No, because you are  
17 usually assigned two or three children. Most nights  
18 if I was looking after infants I would probably be  
19 assigned three. So, at the end of the shift it is  
20 automatic that I would go and pull out the charts  
21 of those three children and look to see what I had done  
22 for that child.

23 THE COMMISSIONER: There is some other  
24 record besides this I take it to tell you what  
25 medicines or medications you have to give?

THE WITNESS: That's right.





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3 MR. SOPINKA: Was that the doctor's  
4 orders? Is there a place for doctor's orders?

5 A. Again, the doctor's orders  
6 appear right on the chart but from the doctor's  
7 orders are made out green medication tickets that are  
8 in the medication room.

9 Q. I think the commissioner's  
10 question is, when you go back and you look at this and  
11 you say, now, this patient was supposed to get  
12 ampicillin at 11:00, gee, did I do that? What do  
13 you have to refresh your memory, apart from  
14 your memory?

15 A. Nothing really. I mean, you go  
16 by your memory.

17 Q. Well, did you ever have an instance  
18 in your experience where you thought you had given the  
19 drug but in fact you hadn't?

20 A. No.

21 Q. Okay. Now, we are going to look  
22 at this specific instance. In the middle of this  
23 page in the column Medications and Nursing Treatments,  
24 it is shown that commencing as of the 19th of March  
25 Allana Miller was to get 10 milligrams by intravenous  
of gentamicin.

A. Right.





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2

A. Right.

3

Q. Is that correct?

4

A. Yes.

5

Q. At the times indicated in the  
column labeled Time 1, 9 and 18.

6

A. Right.

7

Q. Right. Now then, under the date of  
the 21st of March, is that your signature there?

8

9

A. Yes, it is.

10

Q. When did you affix that signature,  
at 1:00, 1 a.m. or at the end of that shift?

11

12

A. Probably an hour or so after Allana  
died.

13

Q. So, what time would that be?

14

A. Probably somewhere around 5 a.m.

15

Q. And when you signed in that  
column did you think that you had given that drug,  
administered that drug to Allana Miller?

16

17

18

A. I had forgotten that I had not  
given that medication and inadvertently signed my name  
to it.

19

20

Q. What sort of a shift was this,  
what sort of a day had you had? Was there anything  
that was happening that would make it easier to  
forget?

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3 A. Well, the Cook baby had arrived  
4 that day and I had been admitting him and getting him  
5 settled most of the early parts of the morning and  
6 Allana herself also was having some problems. But at  
7 the time that I signed this medication off, because  
8 she was my patient and I would be responsible for her  
9 medications, as I say, in hurrying to get this chart  
10 finished in order that it could go down to Medical  
11 Records where it has to go as soon as possible after  
12 the child dies, as I say, I forgot that in fact at  
13 1:00 I had not given her gentamicin.

14 Q. And who in fact had administered  
15 the gentamicin at 1 a.m.?

16 A. Phyllis Trayner.

17 Q. When did you first recollect that  
18 that was so?

19 A. Well, I knew all along that I had  
20 not given the gentamicin but I did not remember at the  
21 time that I was signing off the chart and in fact I  
22 did not realize that I had signed off a medication that  
23 I had not given until the preliminary hearing.

24 Q. Yes. And was that the first time  
25 that you reviewed the events again in your mind when  
it was drawn to your attention that you had signed  
for that particular drug?







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3 A. In the preparation for the  
4 preliminary hearing with my lawyers, yes, I discovered  
5 it then.

6 THE COMMISSIONER: Well, how do you  
7 know? The thing that worries me is if you do sign  
8 this document when in fact you haven't, how do you  
9 know that you haven't because you signed it presumably  
10 at the time you thought you had.

11 THE WITNESS: Right. Well, it was a  
12 mistake. Allana Miller was my patient and as an R.N.  
13 I would be assigned to give her all her medications.

14 THE COMMISSIONER: Yes, but what would  
15 be the right thing, what should have happened?

16 THE WITNESS: Phyllis Trayner should  
17 have signed this.

18 THE COMMISSIONER: She should have  
19 signed it, yes. Well, this happens quite often I  
20 take it does it not, medications are given by some other  
21 nurse, by the team leader or something when you are  
22 busy, is that not quite regularly?

23 THE WITNESS: I would say that does not  
24 happen very often.

25 THE COMMISSIONER: Well, what's the  
procedure, what do you do when it does happen?

THE WITNESS: When it does happen, if





1  
2 I were to sign it I would have, for instance, if  
3 Phyllis had been busy at the time I would have signed  
4 given by Mrs. Trayner and signed my name.

5 MR. SOPINKA: Q. Well, of course,  
6 Phyllis Trayner testified that she did administer that

7  
8 A. That's right.

9 Q. And as I understand it if you had  
10 thought at the time that you were making it up, I mean,  
11 making up the chart, signed your name there, you would  
12 have remembered that it wasn't you but in the  
13 circumstances when you were in the hurry to complete  
14 the matter you didn't really direct your mind to who  
15 had given it and signed it.

16 A. Right. Because she was my  
17 patient and I assumed, forgetting that in fact I hadn't  
18 given that medication, that I had given her all her  
19 medications.

20 Q. Well, what do you remember about  
21 the administration of that drug? Do you remember  
22 Phyllis Trayner speaking to you about it or showing  
23 you the drug that she was going to administer?

24 A. I was busy that night with Justin  
25 Cook admitting him, as I say, and I also took him  
to the echocardiogram room and I recall asking Phyllis





1  
2 to look after a medication that was already in the  
3 buretrol and was going through because I would not  
4 be back at the time that that medication, the ampicillin,  
5 would have been finished.

6 THE COMMISSIONER: I'm sorry, which  
7 that, which medicine was that?

8 THE WITNESS: At 11:00 I administered  
9 the ampicillin, 350 milligrams I.V., it's the second

10 THE COMMISSIONER: Oh, yes, yes, I see,

11  
12 THE WITNESS: I administered that one  
13 but I left the floor at about a quarter to 12 and that  
14 medication had not finished running through. So, I  
15 asked Mrs. Trayner if she would flush the I.V. when  
16 that medication had finished. I think I returned to  
17 the floor at about 12:30 and Phyllis came in to  
18 Justin --

19 THE COMMISSIONER: I'm sorry, just  
20 before we get into this. You said you asked her to  
21 flush it through. What was wrong with it? You say  
22 it wasn't going through fast enough?

23 THE WITNESS: No. After a medication  
24 has been put in a buretrol, just to make sure that  
25 it has all gone through, that in fact the patient





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gets all the medication, you put in some fluid to  
sort of wash it out, flush it.

THE COMMISSIONER: Wash it out where,  
into the child or into a --

THE WITNESS: Wash the buretrol out  
really and then it does go into the child.

THE COMMISSIONER: And you asked Mrs.  
Trayner to flush out the...All I'm really asking about  
this ampicillin, was this unusual or was this a  
regular thing?

THE WITNESS: Again, normally I would  
be doing it --

THE COMMISSIONER: No, no, I'm sorry,  
is it a normal or a regular thing to have to flush it  
out?

THE WITNESS: Yes, that's the procedure.

THE COMMISSIONER: You always have to  
do that.

THE WITNESS: Yes.

THE COMMISSIONER: Yes.

MR. SOPINKA: Q. So, you asked Phyllis  
to flush it out?

A. Because I wouldn't be there.

Q. Yes.

A. And when I returned to the floor,







1  
2 as I say, which was about 12:30 again I was still  
3 occupied with Justin Cook. I don't remember whether  
4 I actually asked Phyllis to give the gentamicin or  
5 whether she came into the room and said you're busy,  
6 so I will give the gentamicin for Allana. She actually  
7 showed me the medication card and the syringe with  
8 the ampicillin drawn up in it.

9 Q. Well, do you know why she did  
10 that?

11 A. Again, we don't normally have to  
12 check antibiotics with one another, but perhaps,  
13 knowing that Allana was my child and that she was  
14 administering a medication to her, maybe she just  
15 wanted to be sure that I knew that she was giving  
16 the right drug and the right amount.

17 Q. So, there are some drugs that  
18 you check with another nurse, but some that you don't?

19 A. Right.

20 Q. And gentamicin is an antibiotic?

21 A. Right.

22 Q. And it is not one of those drugs  
23 that you have to check with someone else.

24 A. That's right.

25 THE COMMISSIONER: She showed it to you,  
you say, you were with Justin Cook at the time?





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THE WITNESS: Right.

3

THE COMMISSIONER: He was not in the

4

same room?

5

THE WITNESS: No.

6

THE COMMISSIONER: Well, did she come

7

to you?

8

THE WITNESS: Yes, yes.

9

THE COMMISSIONER: When she showed it,

10

what did she do, did she have it in a syringe at the  
time?

11

THE WITNESS: I believe she had the

12

medication card.

13

THE COMMISSIONER: Yes.

14

THE WITNESS: And the empty vial.

15

THE COMMISSIONER: Yes.

16

THE WITNESS: And the syringe with the

medication drawn up in it.

17

MR. SOPINKA: I am going to another

18

topic, Mr. Commissioner.

19

THE COMMISSIONER: Yes. Well, we will

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take 20 minutes then.

21

---Short recess.

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2 --- Upon resuming:

3 THE COMMISSIONER: Yes, Mr. Sopinka.

4 MR. SOPINKA: Mr. Commissioner, the  
5 balance of the examination of Susan Nelles will relate  
6 to what has been termed the bizarre incidents. In  
7 order to simplify it we have taken Exhibit 76 at the  
8 preliminary, which is Exhibit 32B, Tab 76, and you  
9 don't need to take it out because we have taken that  
10 document as the basic document and corrected it, it  
11 had some errors in it and where we have made  
12 corrections we have given a reference to the volume  
13 where the evidence actually is contained. Then, in  
14 the right-hand column we have set out, with respect  
15 to each of these incidents, what Susan Nelles was  
16 doing at the time, which is based on notes that she  
17 made at the time of the preliminary and certain  
18 statements that were filed at the preliminary hearing  
19 and so forth, and she will be covering what is in the  
20 right-hand column in her evidence in chief, but it  
21 will simplify it I think to have it all in chronological  
22 order and to have a synopsis as it were of her  
23 evidence in the right-hand column.

24 I have handed the document out and I  
25 have asked that that be marked as the next exhibit.

26 THE COMMISSIONER: Exhibit 391.





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--- EXHIBIT NO. 391: Copy of Exhibit 76 at  
Preliminary Hearing.

MR. SOPINKA: Q Do you have a copy of  
Exhibit 391 in front of you, Miss Nelles?

A. Yes, I do.

Q And you of course have reviewed  
the description of all the incidents in that exhibit?

A. Yes, I have.

Q Did you make any of the phone  
calls, or affix any of the lipstick, or do any of the  
other things that are shown in that document?

A. No.

Q Apart from the right-hand column?

A. No, I did not.

Q Now, I want to go over this  
with you. First of all, dealing with the three  
incidents that took place on August 21st and August  
22nd, there was a phone call at 10:30 to Maylin  
Scott:

"Baby killer you and Trayner watch  
out."

Where were you at 10:30 on August the  
21st?

A. I was at the home of some friends,  
Ron and Susan Berkis. I was in the process of looking







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for an apartment, and as it turned out that morning I actually made a call to the landlord with reference to an apartment and actually confirmed a lease at that time.

Q Now it shows in the right-hand column that you phoned the landlord at 10:30, was Ron Berkis and Jennifer Leslie, were they present when you made that phone call?

A Yes, they were. Not in the immediate - they were not exactly in the same room but they certainly would hear any kind of conversation that I made.

Q And then you left at 11:15 and drove to the landlord's office on Stewart Street and then you drove to Belleville arriving at 2:30?

A Right.

Q And then eventually you went to the cottage where you arrived at 6:30?

A That's right.

Q Now, this cottage is where?

A It is north of Kingston.

Q At Fourteen Island Lake?

A That's right.

Q Is there a phone in the cottage?

A No, there is not.





F.4

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Q. Where is the nearest phone?

3

A. It would be across the lake at  
the neighbour's.

4

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Q. And did the phone in the  
neighbour's house; how big a cottage is that, can you  
make a phone call from that cottage without the  
neighbours hearing what you are saying?

6

7

8

A. Not really because the phone is  
in the central part of the cottage.

9

(2)

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Q. And then, the other call on  
August the 21st, we don't know the time, but in any  
event did you make that call?

11

12

13

A. No, I didn't.

14

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Q. Now then on August the 22nd  
there is a phone call at 8:30 to Maylin Scott, the  
same sort of message; where are you at that time at  
8:30 on August the 22nd?

17

A. I am at the cottage.

18

19

Q. And then the second call is on  
August the 22nd is at 2:30 in the afternoon, can you  
tell us what you did that day?

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A. I left the cottage that morning  
at about 10:30 or so and I went to Kingston to pick  
up some of my friends that were arriving, and one of  
them was arriving at about 11 o'clock and then we





F.5

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2 waited until, in Kingston, until about 1 o'clock when  
3 the others arrived and then we drove back to the  
4 cottage. So I would think that at about 1430 I  
5 would have returned to the cottage by that time.

6 Q. Now the next date is August the  
7 23rd, and there are two incidents of lipstick being  
8 found on, first of all the rear window of the car of  
9 Phyllis Trayner, and then her locker; and at 3 p.m.  
10 there was a phone call allegedly taken by Ann  
11 Fernandez; what were you doing on August the 23rd?

12 A. Again I was at the cottage all  
13 day.

14 Q. It says you left the cottage  
15 and picked up Munson at about 1:30 p.m.

16 A. That's right, for a period of  
17 about an hour I went to Kingston to pick up another  
18 friend and again I returned directly to the cottage.

19 Q. Did you make any phone calls in  
20 Kingston?

21 A. No, I didn't.

22 Q. Or on the way, or on the way back?

23 A. No.

24 Q. Now the next is August the 24th,  
25 a phone call at 6:20, the same sort of message, and  
the phone call was to the Nursing Office and the





F.6

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nursing supervisor believes the call originated inside the Hospital, it was a female voice; what did you do that day?

5

A. I was at the cottage.

6

Q. And did you go out of the cottage?

7

A. I went for a boat ride but other

8

~~that~~ we were --

9

Q. Is there any phone in the boat?

10

A. No.

11

Q. This is a very backward cottage if you don't have a phone in the boat. Then the next day, August the 25th, between 6:30 and 7 a phone call, a similar sort of message to the switchboard of the Hospital at The Hospital for Sick Children; what were you doing that day?

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A. In the morning I went with two of my friends to Kingston, because one of them was leaving, and then I came back to the cottage about noon and then I was there, so that at 1830 or 1900 when this call came I again would have been at the cottage.

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Q. Then over on the next page, August the 26th, at 2:20 there was a call, but there is some evidence that indicates it might have been 1:25; a similar sort of message taken by the bank







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manager at Phyllis Trayner's bank. First of all,  
did you know where Phyllis Trayner had her bank?

A. No, I didn't.

Q And what were you doing at  
either 1:25 or 2:20?

A. Again myself and two of my  
friends were at the cottage and we left at about,  
somewhere between 2 and 2:30 to drive to Ottawa. So  
if it was 1325 I still would have been at the cottage;  
if it was 1420 I would have been in the car on the  
way to Ottawa.

Q And you stayed in the car, you  
sent Nancy for ice cream, but you stayed in the car?

A. Yes.

Q And then you arrived at Pam's  
house at 4:30?

A. Right.

Q What was the purpose of this  
Ottawa trip?

A. Pam was being married on that  
Saturday.

Q Now the next, August the 27th  
at 2:30, there is a phone call to Mr. Trayner's place  
of employment. Did you know where Mr. Trayner worked?

A. No, I didn't.





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Q. What were you doing at 2:30?

A. I was in Ottawa that day. I don't know exactly what I was doing at 2:30 but I would have been with some friends in Ottawa.

Q. Now then on August the 28th there is a call at 4:45 p.m. taken by Ken Laird at the apartment building where Phyllis Trayner lives. What were you doing at 4:45?

A. That day we had gone to Meach Lake and at about a quarter to five I believe I would have been in the car going back to Nancy Bennett's house.

Q. Now on August the 29th there are three incidents. Mr. Commissioner, I might point out that the second one, the telephone call taken by Lillian McGraw was not in exhibit at the preliminary but it is supported by evidence at the preliminary. The third incident, the phone call taken by M. Farr was incorrectly noted in Exhibit 76 at the preliminary as being August the 25th, that should be August the 29th and therefore we have included it in these, in chronological order.

Now August 29th, the first incident there is a lipstick mark on the front door of the apartment found between 6:30 and noon. Then at 11 p.m.





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there is a telephone call which is received by Lillian McGraw at the switchboard of The Hospital for Sick Children, and it was thought to be a local call. On August the 29th, the same day at 7 p.m., a Mr. Farr on the switchboard, or M. Farr, received a call from a husky female voice and this was an outside call. Now, what were you doing on August the 29th?

A. That was the day of Pam's wedding and in the morning I was doing errands and whatnot to prepare for the wedding and then the wedding started at four, and from then on I was at the wedding, I was a bridesmaid at the wedding, and then continued on to the reception into the evening.

Q. And I understand there were photographs taken at both locations?

A. Right.

Q. And you didn't take time out to make any hate phone calls?

A. No, I didn't.

Q. Then the next day, August the 30th, there are a whole series of incidents. A phone call at 2:05 p.m., taken by Sergeant Hill of the Homicide Squad, which he noted was dialled directly not through an operator. A lipstick mark on the





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front door apartment of Phyllis Trayner, which was found between 12 and 4 p.m. One on the fire hose at the same time. At 9:25 a phone call to Liz Radojewski's home, no voice, and another one at 9:55 and another one at 10:35, the 10:35 message:

"Trayner dies first then Scott."

Now tell us what you were doing on August the 30th?

A. In the morning I took the train with Wendy Munson from Ottawa to Belleville, and I believe we arrived at around 1:30. My father picked us up at the train station and we went home for a short period and then my mother, father and Wendy and myself left by car, we drove to Erin Mills where we dropped Wendy off and then went on to Burlington to meet with some relatives.







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Q. Yes. How long were you  
in Burlington, approximately?

A. I would say for perhaps  
three hours.

Q. And was that a meeting of  
relatives?

A. Yes, it was.

Q. A social gathering of  
relatives?

A. Yes.

Q. How many people were there?

A. I am not sure. I would say  
somewhere around fifteen.

Q. And did you have dinner there?

A. Yes.

Q. And then later you drove  
to your uncle's home in Ancaster?

A. That's right.

Q. Where you stayed overnight?

A. Right.

Q. Did you make any phone calls  
either in Burlington or in Ancaster?

A. No, I didn't.

Q. And did you go anywhere near  
Phyllis Trayner's apartment?





G2

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A. No, I didn't.

3

Q. Where was it anyway? Was it

4

in this area, around Erin Mills, Burlington or Ancaster?

5

A. I really didn't know exactly

6

where Phyllis lived. I know now because of the  
evidence at the preliminary.

7

Q. Well, where is it?

8

A. I believe it is --

9

THE COMMISSIONER: I take it this is

10

a former --

11

MR. STRATHY: I wonder if it really

12

matters at this stage where she lives?

13

MR. SOPINKA: Well, perhaps if --

14

THE COMMISSIONER: But if it is a

15

former address, it might be -- if this was a former  
address but if it is the same address I think it would  
be wise not to.

17

MR. SOPINKA: Well, I don't know.

18

Q. It is not in Burlington,

19

Ancaster or in Mississauga, Erin Mills, in that area?

20

A. It is certainly not in Erin

21

Mills or Ancaster or the Hamilton area, no.

22

Q. Okay. Well then turning to

23

August 31st at 6:10 there is a phone call taken by  
Ken Laird, Superintendent of the building where the

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Trayners live, same sort of message. What were you doing on August 31st?

A. In the morning my parents and I left Ancaster and drove to Toronto where we were meeting with both David Cole and Austin Cooper that day.

Q. And then you had a drink in the Sheraton Centre. What time were you in the Sheraton Centre until?

A. I believe the meeting with Mr. Cooper went until about 4:30 and after that we went to the Sheraton Centre and I believe we were there for about two hours.

Q. And then September 1st there is a phone call to the receptionist at Bathurst Consolidated, the same sort of message, and this is at 10:05. What were you doing at 10:05 on September 1st?

A. I'm not exactly sure where I was that morning. I had stayed overnight at John and Allison Woodbury's house and I had then gone to the Berkis' place some time that morning but I am not sure when it was.

Q. Well, did you make any phone call to Mr. Trayner's place of employment that





G4

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day?

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A. No, I didn't. I didn't know  
where he worked.

5

6

Q. And then September 2nd is a  
lipstick mark found on the apartment door by Mike  
Trayner. What were you doing that day?

7

8

A. I took a bus back to Ottawa  
from Toronto that day.

9

10

Q. And you had left at what time?

A. Nine o'clock.

11

Q. And arrived at what time?

12

13

14

A. I believe it was supposed to  
arrive around two and it got into Ottawa at 1:15  
and Nancy came shortly afterwards to pick me up and  
take me back to her place.

15

16

17

18

19

Q. Now, on September 3rd there  
was a phone call to the Fort York Armouries taken  
by Ross Atkinson. This is a place where Mr. Trayner  
is warrant officer and the phone call was "Phone  
call, Warrant Trayner's wife will die." Did you know  
that Mr. Trayner was a warrant officer?

20

21

A. No, I didn't.

22

23

Q. And where were you at either  
3:14, or it might have been some time between 1:00 and  
3:00?

24

25







Nelles  
dr.ex. (Sopinka)

G5

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A. Nancy and I were flying to  
Vancouver that night, so I was at Nancy's home for  
the afternoon.

Q. Now, you left for Vancouver  
at 6:00 p.m.?

A. Right.

Q. And how long a flight was it?

A. It is about a four and a half  
five hour flight.

Q. Well now, when the phone call  
of September 3rd at 8:13 was received by Lillian  
McGraw on the switchboard of The Hospital for Sick  
Children where were you?

A. I was in the air.

Q. And then at 11:28, or it might  
have been -- yes, 11:28 or 11:28 a.m., one or the  
other, there is a conflict in the evidence, a phone  
call was received by Christina Sproule at the switch-  
board of The Hospital for Sick Children, who said it  
wasn't long distance, where were you?

A. I was in Vancouver.

Q. And when the lipstick mark on  
September 20th was discovered on the automobile of --  
Phyllis Trayner's automobile, were you still in  
Vancouver?





G6

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2

A. Yes, I was.

3

Q. And you returned from

4

Vancouver on September 23rd?

5

A. That's right.

6

Q. At what time?

7

A. The flight arrived back in

Toronto at 4:10.

8

Q. 4:10 p.m. on September 23rd?

9

A. That's right.

10

Q. And at the preliminary hearing

11

was an invoice put in for that trip that showed the

12

times you were in Vancouver and so forth?

13

A. Yes.

14

Q. Well then, on September 23rd

15

at 9:23 a phone call was received by Alice Pilon,

16

at the switchboard of The Hospital for Sick Children,

17

same sort of message. Where were you at 9:23, having

returned from Vancouver at 4:10 p.m.?

18

A. Again, some friends picked me

19

up at the airport and I went to stay at the home of

Pam and Dan Hitchcock that night.

20

Q. So, you would have been at

21

their home at that time?

22

A. That's right.

23

Q. Now then, on September 24th

24

25





1  
2 at 4:10 a.m. lipstick marks were found on the lockers  
3 of Phyllis Trayner and Sui Scott. Were you anywhere  
4 near The Hospital for Sick Children on that date?

5 A. No, I wasn't.

6 Q. And then on the same day at  
7 11:50 a lipstick mark was found on the apartment  
8 door, fire extinguisher cabinet door of Phyllis  
9 Trayner's apartment. Were you anywhere near her  
apartment on that day?

10 A. No. I was on the way to  
11 Belleville from Toronto that morning.

12 Q. And what time did you leave?

13 A. I believe it was around 10:00  
14 or 10:30.

15 Q. So, you had spent the night  
16 at Pam Seasons' apartment?

17 A. That's right.

18 Q. And you left at 10:00 or 10:30?

19 A. That's right.

20 Q. To go to Belleville?

21 A. That's right.

22 Q. And then you arrived at  
23 Belleville at what time?

24 A. About one o'clock.

25 Q. Now, the next day, September





G8

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2

25th, you are in Belleville at your parents' home?

3

A. That's right.

4

Q. On that day at 1:50 a.m.

5

propranolol was found in the soup and salad of

6

Phyllis Trayner and Sui Scott. I take it you weren't

7

anywhere near the Hospital, you were in Belleville?

8

A. That's right.

9

Q. On October 3rd it appears

10

some over-zealous photographer rushed in to take a

picture, and I don't think you are accused of that.

11

On October 4th at 7:58 there is a

12

phone call received by Alice Pilon on the switchboard

13

of The Hospital for Sick Children. Where were you on

that date, at that time?

14

A. Again, I was still at home

15

in Belleville.

16

Q. And did you make any phone

17

call to The Hospital for Sick Children that day?

18

A. No, I didn't.

19

Q. And then again on October 4th

20

there is a phone call to the switchboard taken by

21

Alice Pilon, same sort of message. This is at 8:13,

22

or it might have been 11:13. What were you doing on

October 4th at that time?

23

A. I had moved into a new

24

25







G9

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apartment on that day.

3

Q. And was there a phone in the

4

apartment?

5

A. No.

6

Q. It says, "No phone in apart-  
ment until October 8." Is that accurate?

7

A. Yes.

8

Q. Now, on October 7th at 7:15

9

propranolol was found in the yoghurt of Phyllis

10

Trayner. What were you doing on that day?

11

A. Again, I had just moved into

12

my new apartment, so I was getting organized.

13

Q. And then finally on the last

14

page, on February 19th at 5:00 p.m., there is a phone  
call received on Ward 8A by Miss Leonard. This was not

15

of course an exhibit at the preliminary, Mr.

16

Commissioner. Were you attending the preliminary

17

hearing on that day?

18

A. Yes, I was.

19

Q. And what time did His Honour

20

Judge Vanek ordinarily rise in the afternoon?

21

A. Usually around 4:30.

22

Q. Did you make any phone call to  
Ward 8A?

23

A. No, I didn't.

24

25





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G10 2

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MR. SOPINKA: Fine. Thank you. That completes my examination.

4

THE COMMISSIONER: Yes, thank you.  
Mr. Lamek.

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EXAMINATION BY MR. LAMEK:

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Q. Miss Nelles, a few things first if I may arising out of what Mr. Sopinka has asked you. You told him I think that on occasion you worked with Phyllis Trayner while you were both on Ward 5A?

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A. That's right.

Q. Can you give me any better idea how frequently that occurred?

A. As I said before, Mrs. Trayner was not on my team at that time so that the occasions that I worked with her were probably quite rare. The times that I specifically remember working with her were when I first came to the floor and I was in orientation and I was assigned for a two or three-day period to orient with Miss Morrin at that time.

Q. That's right. She was then Miss Morrin. Can we call her, though, Mrs. Trayner throughout so that we are all talking about the same person.

On the occasions when you did work





Nelles  
ex. (Lamek)

G11 2 with her on 5A she was not then a team leader, I take

3 it

4 A. That's right.

5 Q. And did you get along per-  
6 fectly well with her on the occasions that you worked  
7 together?

8 A. As I say, it was rare but,  
9 yes, we got along.

10 Q. Now, you told Mr. Sopinka  
11 that you were not disappointed when you were not made  
12 a team leader when the service moved down to the  
13 fourth floor.

14 A. That's right.

15 Q. Indeed, you didn't expect to  
16 be, you didn't have enough experience?

17 A. That's right.

18 Q. But I take it that you had  
19 hopes that at some point you would become a team  
20 leader?

21 A. Eventually, yes.

22 Q. Because I take it you are  
23 reasonably ambitious in your profession?

24 A. I think so, yes.

25 Q. When you did move down to  
4A/B in the beginning of April, the end of March 1980,





Nelles  
ex. (Lamek)

GL12

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did you in the period prior to joining Mrs. Trayner's  
team work with her from time to time on that floor?

A. I don't remember having worked  
with her very often, no.

Q. Okay. But you were on Ward 4A  
in those initial months?

A. Yes.

Q. April, May and June. I take  
it therefore you didn't work frequently on Mrs.  
Trayner's team, you didn't have much opportunity to  
see her at work, I take it you would be on different  
shift schedules?

A. That's right.

Q. Okay. Could you help me with  
a little more precision when you joined Mrs. Trayner's  
team in June?

A. I don't remember exactly when  
it was.

Q. Was it in the early part,  
the middle part or the late part of the month? Can  
we go that far?

A. I think I have been told it  
was around the 1st of June but I don't remember  
specifically when it was.

Q. Now, you came to The Hospital







G13 1  
2 for Sick Children in October of 1979, I take it?

3 A. Right.

4 Q. And you had had some ex-  
5 perience at Vancouver General in pediatric cardiology?

6 A. Minimal, yes.

7 Q. Yes. Was there some sort of  
8 orientation program at the Hospital when you first  
9 joined the cardiology service? You mentioned it a  
moment ago. Can you tell me what it consisted of?

10 A. As I say, when I first came  
11 to the Hospital I was assigned to another floor, 6A.

12 Q. Yes.

13 A. So, I had general orientation  
14 to the Hospital itself which any employee starting  
at the Hospital would receive.

15 Q. Yes.

16 A. When I did transfer to the  
17 cardiology ward, I believe it was a two-week orienta-  
18 tion and at that time it was Mrs. Radojewski who was  
19 the teaching team leader and she held a number of  
20 sort of classes and seminars as to the various  
21 conditions of the children on the floor and then,  
22 for a four-week period, we worked straight days rather  
23 than any shift to get used to the running of the  
24 floor.  
25





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Q. As I understood you, certainly at Vancouver you had enough of a taste of pediatric cardiology to know that is what you wanted to do when you came to Sick Children's?

A. Yes.

Q. Did you undertake any course of study, or attempt any self-education in cardiology?

A. I took one extra curricula course that was on pediatrics, physiology, mainly the physiology of the heart.

Q. I take it that either at the time you joined the cardiology service at Sick Children's, or shortly thereafter, you acquired a knowledge of the drugs that are commonly used in cardiology?

A. Yes.

Q. You would be familiar with diuretics from other areas of nursing practice I take it.

A. Yes.

Q. And you found they were commonly used on the cardiology wards?

A. Yes.

Q. And in particular for treatment of congestive heart failure?

A. Right.





1  
2  
3 Q. And you also acquired a familiarity  
with digitalis preparations I take it?

4 A. Yes.

5 Q. I take it you learned that was a  
6 drug with a small margin of safety.

7 A. What do you mean?

8 Q. That is to say if you give a  
little bit too much it could be damaging to the child?

9 A. Yes.

10 Q. You therefore had to calculate  
11 and administer doses with absolute precision when you  
12 are dealing with a drug of that kind?

13 A. Yes, because you are dealing with  
14 decimal points.

15 Q. You said you always wanted to be  
16 a nurse, that is your recollection of your career  
17 plans when you were quite young. I take it you are  
proud of your profession, Miss Nelles.

18 A. Yes, I am.

19 Q. And you are eager to do well.

20 A. Yes.

21 Q. Do you regard yourself as a good  
nurse?

22 A. I would think so.

23 Q. I tell you, it will come as no  
24  
25





1  
2 surprise to you to know that many of your colleagues  
3 here have said the same thing as they said at the  
4 preliminary inquiry, that they think well of you as  
5 a nurse. I take it you were keen to learn and to  
6 enlarge your knowledge and hone your skills as a  
7 nurse?

8 A. I think so, yes.

9 Q. I would take it you were not  
10 afraid to ask questions if there were matters going  
11 on around you that you didn't understand.

12 A. I would hope so, yes.

13 Q. Now, you were on the cardiology  
14 service from October, was it, of 1979?

15 A. Right.

16 Q. Right through as we know until  
17 March of 1981. Prior to coming to the Sick Children's  
18 Hospital at all, in the year that you spent in Vancouver,  
19 what was your experience with death on the wards?

20 A. Very limited.

21 Q. The kind of wards you were involved  
22 in in Vancouver I take it were not wards upon which  
23 deaths frequently occurred.

24 A. That's right.

25 Q. Between October, 1979 and June  
of 1980, while you were working on - I'm sorry -until







Nelles  
cr. ex. (Lamek)

1  
2 April, 1980 while you were working on Ward 5A, do you  
3 recall how many deaths occurred in that period, on the  
4 ward?

5 A. I don't remember how many occurred  
6 on the ward, no.

7 Q. Could you give me an estimation,  
8 more than five, less than five?

9 A. I only know that there was one  
10 when I was actually working, as I say, I don't know.

11 Q. Do you recall one death while you  
12 were on duty?

13 A. Right.

14 Q. While you were on Ward 5A?

15 A. Right.

16 Q. And we know how many deaths there  
17 were on 4A/B between the time you moved down and the  
18 30th of June, and my recollection from the evidence is  
19 that there were two.

20 Did you in the period from October of  
21 1979 until June 30th, 1980 participate in any resuscita-  
22 tion efforts?

23 A. As I say, I remember being on  
24 duty on 5A when there was one death, but it was fairly  
25 early on, I had really just started on the ward and  
I did not feel qualified enough to take an active part





1  
2 in the resuscitation, so I believe that I was sort of  
3 helping in terms of going to get things.

4 Q. And was that an unsuccessful  
5 resuscitation effort?

6 A. I believe it was successful.

7 Q. Let me understand this. You recall,  
8 if I have it correctly, one successful resuscitation  
9 effort following a cardiac arrest I take it.

10 A. I think it was successful but  
11 I can't really remember.

12 Q. Do you in addition recall a death  
13 on the ward while you were on duty?

14 A. Not while I was on duty, no.

15 Q. Not while you were on duty?

16 A. No.

17 Q. So you recall only then one  
18 arrest which you think may have been the subject of a  
19 successful resuscitation effort?

20 A. I think so, yes.

21 Q. Now, we have heard evidence here,  
22 Miss Nelles, from the staff cardiologist at the  
23 hospital, and particularly from Dr. Rowe, that  
24 deaths on the cardiology wards were not common. I  
25 believe Dr. Rowe said that patients from the cardiology  
service died in the operating room, or in the ICU, but





1  
2 did not often die on the wards. Was that consistent  
3 then with your experience prior to July of 1980?

4 A. Well, as I said, I had only  
5 participated in one.

6 Q. But you were aware I take it that  
7 some children went up to the OR and did not return.

8 A. Yes.

9 Q. And some became very sick and  
no doubt were sent to the ICU and did not return.

10 A. Right.

11 Q. I want to look at the on the  
12 ward deaths with you that occurred from June 30th,  
13 1980 until March 22nd, 1981. I want to look if we  
14 can at each of the deaths which occurred when you were  
15 on duty, and I tell you especially those which  
16 the authors of the Atlanta Report and their consultants  
17 have placed in there, what they call categories A and  
18 B, you are familiar with the Atlanta Report, I take  
it?

19 A. Yes.

20 Q. They placed in that categories  
21 A and B those deaths which gave rise in their view  
22 to any measure of suspicion. I take it that in  
23 discussing these deaths and especially those in the  
24 early part of what we call the epidemic period, that is  
25





1  
2 to say, in July and August; as you have told us you  
3 had at that time little experience of death among  
4 pediatric cardiology patients.

5 A. Yes.

6 Q. And I take it therefore no  
7 experience as to the manner in which such children  
8 might die?

9 A. That's right.

10 Q. You didn't know whether it was  
11 a slow and painful descent, the death, or a sudden  
12 thing, or anything of that sort, you had no background  
13 or experience.

14 A. No.

15 Q. Now, Miss Nelles, I have at  
16 earlier times shown to you a chart which I have had  
17 prepared and I have forgotten the exhibit number.

18 THE COMMISSIONER: 383.

19 MR. LAMEK: Yes, that is the one, Mr.  
20 Commissioner. Yes, thank you.

21 Q. Perhaps I can - yes, Exhibit 383.  
22 Let me give you a copy of that so we can look along  
23 at the same time.

24 That chart purports to show, as you  
25 see, who was on duty for each of the 29 deaths  
categorized by the Atlanta authors and their consultants







1  
2 as A and B category deaths. It shows not only who  
3 was on duty on the ward upon which the child died,  
4 or in the case a couple of them got into serious  
5 trouble, like Pacsai, but also those who were on duty  
6 at that time on the opposite side of the ward. I  
7 think you understand the structure of this, don't you?

8 A. Yes.

9 Q. Can you first of all, Miss Nelles,  
10 please confirm for me that the chart, to the best of  
11 your recollection, accurately shows your presence or  
12 absence for those deaths, you see your own initials  
in the --

13 A. We are talking until the end of

14 1980?

15 Q. No. I am looking really right  
16 through to March 22, 1981.

17 A. Yes.

18 Q. Does this accurately set out  
19 whether you were present or not and which wards you  
were on?

20 A. Yes.

21 Q. Miss Nelles, it is no secret,  
22 you have discussed with me, of course, the evidence  
23 you will be giving here, have you not?

24 A. Yes.  
25





1  
2 Q. I understand with respect to  
3 many of the children listed on this chart you have  
4 little or no recollection of the events leading up to  
5 and surrounding their deaths, is that fair?

6 A. That's right.

7 Q. Now I want you to know, however,  
8 that I will nevertheless ask you about each of these  
9 deaths for which you were on duty, but I won't  
10 tarry over this too much, you have little or no  
11 recollection. The medical charts I think are beside  
12 you and if they are not, Mr. Elliot, the Registrar,  
13 will provide you with them. I hope they are in the  
14 order in which I propose to deal with them, by all  
15 means feel entirely free to refer to the chart when-  
16 ever you think it might be helpful to you.

17 A. All right.

18 Q. I think also beside you there  
19 should be copies of the assignment books for Wards  
20 4A and B to the extent they are available, and for  
21 4A we know they are available for the whole period,  
22 they are parts of Exhibit 32A and 32C. There are the  
23 Wards 4A and 4B communication books and the ward  
24 Meeting Books, I think Mr. Elliot has put them out  
25 for you as well. Finally I hope he has the WIN  
sheets for Ward 4A, we are not short of paper in this





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2

inquiry as you see.

3

MR. SOPINKA: Over the lunch hour we  
will hire a librarian.

4

5

6

7

8

Q. Notwithstanding that, Miss  
Nelles, if in the course of giving your evidence there  
is anything else which you think would be helpful to  
refer to, please let me know and we will do our best  
to provide it.

9

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16

Now, the first child on the chart is  
Laura Woodcock, who as we know died on June 30th, 1980  
at 9:40 in the morning on Ward 4B. You had been on  
duty on Ward 4A for the long night shift that ended  
at 7:15 - 7:30 that morning. You had been there, as  
disclosed by the chart, with Phyllis Trayner and Sui  
Scott and it was Mrs. Rogers who was relieving on both  
wards that night. Do you have any recollection of  
Baby Woodcock, Miss Nelles?

17

A. No, I do not.

18

19

Q. Do you have any recollection of  
the events of the long night shift on June 29th-30th  
leading to her arrest?

20

21

A. No, I do not.

22

Q. Do you recall whether you attended  
at the resuscitation effort on that child?

23

A. I don't specifically remember, but

24

25

10





Nelles  
ex. (Lamek)

1  
2 it was common policy that if a child arrested on  
3 4B and I was working on 4A I would probably go to the  
4 arrest, yes.

5 Q. You have no particular recollection  
6 of it?

7 A. No, I'm sorry, I don't.

8 Q. To the best of your recollection  
9 did you see Laura Woodcock that night?

10 A. I do not recall. I imagine it  
11 would be unlikely that I would have seen her before  
12 the arrest.

13 Q. We have heard, Miss Nelles, from  
14 other nurses that with some it was not uncommon for  
15 them to go from one side of the ward to the other,  
16 particularly at night, to have a look at the babies  
17 there and to talk to the nurses on duty, or was that  
18 a practice that you had?

19 A. I would say I rarely went  
20 and looked at the babies on 4B. I certainly would  
21 talk to the nurses at the back of the nurses' station,  
22 and if, for instance, an alarm or something went  
23 off on 4B and the nurses were obviously busy then I  
24 would go over there. I would not say it was a common  
25 practice of mine to go over and to look at the  
children on 4B.







Nelles  
ex. (Lamek)

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2  
3 Q. Is it something you can recall  
4 having done occasionally?

5 A. Occasionally.

6 Q. In the nine month period that  
7 we are looking at is it fruitful at all to ask  
8 you your best estimate of the number of times you  
9 might have visited on 4B?

10 A. Other than when I was actually  
11 called over to 4B for a purpose, I would say it would  
12 be less than 10 that I would go over and look at the  
13 children on that side.

14 Q. We know that on occasion, Miss  
15 Nelles, and we will come to those occasions, you  
16 acted as team leader on 4A.

17 A. Yes.

18 Q. When you were acting as team  
19 leader on 4A, did you more frequently go over to the  
20 other side of the ward, on to 4B?

21 A. Again, I don't remember going over  
22 to 4B, even when I was team leading. I think that  
23 it was sort of common practice that I would talk to  
24 the team leader on 4B and ask her if there was anyone  
25 who she was particularly worried about that night and  
in that case sometimes I would go over and look at  
the child that they were concerned about, but again





1  
2 I would say that was rare.

3 Q. I take it the reason for that  
4 is that the team leader on each side could be called  
5 upon to help with a problem on the other side.

6 A. That's right.

7 Q. And therefore will try to inform  
8 herself of what the potential problems are on the  
9 other ward?

10 A. Right, but she also usually has  
11 enough to look after on her own ward.

12 Q. Let's then move to Alan Perreault,  
13 he is not on the list. He died, you may remember, on  
14 July 8th at 1:45 in the afternoon and you were not  
15 on duty, you were working long nights, you can take  
16 my word for that if you don't recall it precisely.  
17 Do you have any recollection of that child, Miss  
18 Nelles?

19 A. No, I do not.

20 Q. You have no recollection of having  
21 seen him, or dealt with him, or taking care of him  
22 prior to the day of his death?

23 A. I don't really remember him,  
24 no.

25 Q. We then come to Andrew  
Bilodeau and he died at 2:10 in the morning of





14 July 22nd in Room 418, and you were not only on  
duty for that death on that ward, but I believe you  
were assigned to care for him, were you not?

A. Yes, I was.

Q. And if we look at the assignment  
book, which is in the very great big binder, Exhibit  
from the preliminary inquiry, Volume 3; and if you  
look there under Tab 89 I think you will see the  
assignment book for Ward 4A for June 28th to  
August 24th, okay?

A. Right.

Q. I take it that what we need  
is the assignment sheet for the long night beginning  
July 21st, and you will see page 49 in the right hand  
corner.

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M/ak

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Q. Just so that we have everybody's assignments clear, and we should do it with each of the deaths where you were involved, Miss Nelles, it appears does it not that Miss Morrin, Mrs. Trayner as she later became, was team leader that night?

A. Yes.

Q. Had some patient assignments though which I gather was a little unusual for a team leader.

A. I don't know whether I would say it was unusual.

Q. Okay.

A. Sometimes they had to take patient assignments because of lack of staff.

Q. Well, she had three patients that night; one in 423, one in 426 and then a child in 418.

A. It would be unusual that she would have that many, yes.

Q. And you were assigned to four patients in Room 418; one of those as I understand was Bilodeau, is that right?

A. Yes.

Q. Mrs. Christie was sick and not there and you had a relief from 7:00 to 11:00







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2  
3 and another one from 11:00 to 7:00 and they were  
4 looking after children in Rooms 421 and 425?

5 A. That's right.

6 Q. Now, was this the first  
7 occasion since you had joined the cardiology service  
8 at the Hospital that a patient of yours had arrested?

9 A. Yes.

10 Q. You had been on duty for  
11 another arrest, as you have told us, on 5A?

12 A. Right.

13 Q. But that was not your patient?

14 A. No.

15 Q. Bilodeau was your patient and  
16 got into trouble in the early hours of the morning  
17 and suffered a cardiac arrest and that was the  
18 first time that that had happened to you since you  
19 came to the Hospital?

20 A. That's right.

21 Q. Do you have any particular  
22 recollection first of Andrew Bilodeau? By all means  
23 if it would be of assistance to you the chart is  
24 there, Miss Nelles, you might want to look at it.

25 A. I remember that he was a child  
that was ill and had a condition called truncus.

Q. Truncus, yes.





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2  
3 A. Which is rare. I certainly  
4 knew the physiological basis for truncus and that  
5 oft times the prognosis was not that good.

6 Q. All right. Do you have any  
7 particular recollection of the events of the shift  
8 prior to his arrest?

9 A. I can only remember that he was  
10 in an Isolette in 418 but I don't --

11 Q. And I take it -- I'm sorry?

12 A. I don't remember either the  
13 events of that evening as to what I did before the  
14 arrest.

15 Q. Okay. And I take it that  
16 looking at your nursing note for that shift it  
17 would probably not jog your memory?

18 A. Well, what's written here  
19 would have been my observations of that child during  
20 that night.

21 Q. And that's at page 24 of the  
22 medical chart?

23 A. Right.

24 Q. Those are your observations  
25 but I take it you have no independent recollection?

A. No, I don't.

Q. Miss Nelles, I guess we can





1  
2 all read them and there is no point asking you to  
3 recite what you have written unless it serves to  
4 jog an independent recollection. Can you please  
5 characterize for us upon your quick review of that  
6 note your impression of the child prior to the time  
7 of his arrest? Was he stable, was he doing well,  
8 was he precarious, how would you characterize that  
9 child?

10 A. Well, he was showing some  
11 difficulties with respiration and I wrote that he  
12 had substernal and intercostal indrawing, which  
13 would say that he was having difficulty with his  
14 breathing.

15 Q. Yes.

16 A. He was on - he wasn't on  
17 oxygen, I'm sorry. I wrote that he had decreased  
18 air entry to some of his lobes of his lungs and he  
19 required suctioning. So, I would say that his  
20 respiratory status at least was a problem. He was  
21 vomiting, I administered his medications and his feed  
22 which he vomited twice and because of that an  
23 intravenous had to be started on the baby. His  
24 output was not good so he required Lasix which  
25 would probably indicate he was having some problems  
with heart failure. So, I would describe him in the





1  
2 early course of the evening as being a very ill child.

3 Q. Now, you cannot of course  
4 recall what your feelings or views were at the time  
5 because you don't recall the night?

6 A. Right.

7 Q. But upon reviewing the notes  
8 that you made of the early part of the shift until  
9 1:25 in the morning is that a child about whom you  
10 would have had some concern that he might be at  
11 imminent risk of death? If you were to read that  
12 note knowing what the physiological problems of the  
13 child were, would you be concerned that that child  
was at serious risk?

14 A. He was at risk, yes, but I  
15 don't believe that I would be qualified to know  
16 whether I felt that he would die.

(2) 17 THE COMMISSIONER: I am sorry, you  
18 don't know that you would be qualified to say that or  
is that what your feeling was?

19 THE WITNESS: I don't think that I  
20 would be qualified.

21 THE COMMISSIONER: No.

22 THE WITNESS: He was at risk,  
23 definitely.

24 MR. LAMEK: Q. Was that true to a  
25







I.6

1  
2 greater or lesser extent of virtually every patient  
3 on the floor?

4 A I'm sorry, I don't understand.

5 Q Was that true to a greater or  
6 lesser extent of every patient on the floor in the  
7 Cardiology Service that they were at risk?

8 A I would say there would be some  
9 children that were certainly more at risk than others.

10 THE COMMISSIONER: Well, when you say  
11 at risk, do you mean he was at risk of death that  
12 night?

13 THE WITNESS: He warranted my  
14 attention as a nurse, yes, but I don't know, and  
15 certainly with this child particularly where I had  
16 never dealt with death and did not know, did not have  
17 a good sound basis in the past as to looking after  
18 very sick babies with cardiac conditions and  
19 particularly truncus.

20 MR. LAMEK: Q All right. Your note  
21 discloses, Miss Nelles, that at 1:25 in the morning  
22 the child you say was found to have an apical rate  
23 of 60 to 70. Do you have any recollection whether  
24 this child was on a monitor?

25 A I'm sorry, I don't.

Q Or whether you were present in





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the room when that observation was made or whether  
you were summoned to the room?

4

A. My recollection is that I was  
in the room but I can't say for sure.

5

6

Q And that the child suddenly  
became bradycardic?

7

8

A. That's right.

9

10

Q And was in respiratory distress.  
I take it that that was more so than he had  
previously manifested?

11

A. Definitely.

12

13

14

Q Yes. Two minutes later a Code  
was called, three minutes thereafter the cardiac  
arrest team arrived and the child subsequently was  
pronounced dead?

15

16

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A. Yes.

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Q Now, you had four children in  
that room that night, Miss Nelles. Without having a  
close recollection can I reasonably infer that you  
spent most of the night shift in that room?

A. Yes.

Q You had no patients anywhere else?

A. That's right.

Q Mrs. Trayner had a child in that  
room. Do you have any recollection at all of seeing





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1  
2 her in the room and how frequently she may have been  
3 there in the course of a shift?

4 A. I do not remember.

5 Q. And the assignment book discloses  
6 that nobody else had a child in that room that night.  
7 Do you have any recollection whatsoever of seeing  
8 anyone other than Mrs. Trayner and yourself in that  
9 room?

10 A. I don't remember.

11 Q. None at all?

12 A. I'm sorry.

13 Q. Now, that child as we know from  
14 your note, and indeed from the medication sheet at  
15 page 38 of the chart, he was receiving aldactazide  
16 and digoxin and on the night that he died you signed  
17 as having administered each of those two medications  
18 and in each case there is a note "vomited". Is that  
19 your notation?

20 A. Yes, it is.

21 Q. Just as a matter of curiosity,  
22 what happens if you orally administer a drug to a  
23 child who promptly vomits?

24 A. You normally repeat it, which I  
25 believe my record was that I did that and again he  
vomited and that was the point in time when the





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physician ordered that he should have an intravenous and I believe he ordered that the medication be given intravenous. Again, that's only by the notes.

Q I confess I hadn't - were the medications repeated following the vomiting?

A Yes.

Q I confess I didn't read that back on the note on page 24. Could we turn to it for a moment. I notice under Nutrition the note reads:

"Vomited 2100 feed with medications aldactazide and digoxin, repeated feed by NG",

nasogastric tube, and I take it again vomited the entire amount. Do I read that as meaning that the aldactazide and digoxin were also repeated?

A I would think so, yes, because if he had vomited his feed with the medications then he would not have obtained them.

Q Okay. You would so read the note, you have no particular recollection?

A I'm sorry, I don't.

Q All right. Other than the prescribed doses of digoxin and aldactazide that child was to receive that night and on the assumption that you did what you have now suggested and repeated the







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administrations because of the vomiting, did you administer any other medications of any kind to that child that night?

5

A. No, I did not.

6

Q. And did you administer the two medications in the doses prescribed?

7

A. Yes, I did.

8

9

Q. Are you aware of anyone else having administered any drug of any kind to that child that night?

10

11

A. Not to my recollection, no.

12

13

14

15

16

17

Q. Let's move along then to the next child who died, David Taylor. He died on Ward 4B in the early morning of July 27th. You were on duty on Ward 4A. You can look at the assignment books for the patient assignments if you wish but perhaps you can tell me, do you have any recollection of the Taylor child at all?

18

A. No, I do not.

19

20

Q. To the best of your recollection you never had any dealings for him, you never cared for him?

21

22

A. That's right.

23

24

25

Q. Do you have any recollection of the events of the night on which he died?





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A. That's right.

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Q. Do you have any recollection of  
the events of the night on which he died?

5

A. No, I do not.

6

7

Q. Again, I would take it that the  
likelihood is that you went across to assist in the  
arrest?

8

A. That's right.

9

10

Q. But you have no particular  
recollection of that?

11

A. That's right.

12

13

14

Q. Well then, let's move on. The  
next child to die was Amber Dawson. Once again,  
Amber Dawson was a patient of yours on the night that  
she died, was she not?

15

A. Yes.

16

17

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Q. In the early morning of July 28th.  
If we turn to the assignment book, page 60 and 61, it  
appears that that night on Ward 4A Phyllis Trayner  
was acting as team leader and had one patient in  
Room 425. You again had four children in Room 418,  
Mrs. Scott had two children in 418 and four in 421  
and Mrs. Christie had three children in two different  
rooms on 4A and was being shared with 4B as well?

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A. Right.

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Q So, between you and Mrs. Scott  
you covered the six children who were in Room 418?

A That's right.

Q And one of those was Amber Dawson  
and she was your patient that night?

A That's right.

Q Do you have a recollection of  
Amber Dawson?

A Yes, I do.

Q Had you cared for her prior to  
the night upon which she died?

A Yes, I had.

Q All right. Again with reference  
to the chart by all means if it assists your  
recollection, Miss Nelles, can you tell us first what  
you remember of that child and her condition?

A I remember that she was close  
to a year old and that she had had surgery on the  
floor before, so, she had been admitted to the  
Hospital before and that on this particular admission  
she had been brought back because she was not growing  
at all and had failure to thrive.

Q Yes. Now, do you have a  
recollection of the events of the shift up to the time  
of the child's arrest? The nursing note I think is





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found at page 80, the nursing note for that shift in  
any event is found at page 80 of the chart.

3

4

A. I don't remember the events of  
the evening, no.

5

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Q. And therefore reference to the  
chart merely tells you what it would tell all of us  
if we were to read it?

7

8

A. That's right.

9

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Q. It doesn't jog any recollection  
or memory in your own mind?

11

A. No.

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Q. Again however looking at the  
notes that you made and the observations that you  
recorded, the apical rate and regularity and so on  
and lethargy and all those things, can you tell me  
what impression upon reading that you would have of  
the child's condition. I don't ask you to put your-  
self into the state of knowledge you had in July of  
1980, I am asking you, now, looking at that note  
what impression do you form of that child's condition  
prior to the moment of her arrest?

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A. Well, one thing that is perhaps  
significant is that she required blood work and an  
intravenous to be started that evening and she also  
required Lasix which again was an indication that she  
was exhibiting some symptoms of heart failure.







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Q. I take it therefore you would  
not regard her as being anything close to a well  
baby?

A. No. She was not well that  
evening.

Q. Did you regard it as a note that  
is  
/descriptive of a child who was at risk of not  
making it through the night?

A. Again I find that very hard  
to answer because of my -- I don't feel that I am  
a physician.

Q. Once again, it appears from  
your notes that the decline, when it occurred, came  
on suddenly and progressed rapidly. Is that a fair  
categorization of it?

A. Fairly, yes.

Q. Do you have any recollection  
at all of the arrest?

A. I remember that there was a  
discussion that night between Phyllis and me as to  
whether there should be a Code 23 or Code 25 called  
on this baby initially.

Q. Can you give me your best  
recollection of what happened?

A. When I first noticed that the





1  
J2 2 apex on the child was dropping, I notified Phyllis  
3 and she came into the room and upon looking at the  
4 chart for a few minutes she said that we should call  
5 a Code 25. I felt that the child still had a heart  
6 rate, was still showing some form of respirations,  
7 although they were slowing down, and that we needed  
8 to call a 23 to get the physician there immediately.  
9 But in the course of a couple of minutes when this  
10 discussion was going on, the baby's heart rate did  
11 fall off completely and the respirations stopped and  
12 therefore a 25 was called.

13 Q. The events overtook the  
14 discussion in other words?

15 A. That's right.

16 Q. Do you recall what examina-  
17 tion Phyllis Trayner made of the child before  
18 deciding that a Code 25 should be called?

19 A. I don't recall.

20 Q. Did she listen to the heart  
21 rate with a stethoscope?

22 A. Again I don't recall.

23 Q. The child died that night  
24 of course. Do you recall whether Baby Dawson's  
25 arrest and death that night caused you any surprise?

A. It is hard to describe it as





J3

1  
2 surprise. I think that any death was upsetting and  
3 perhaps in this case where I had known Amber and  
4 worker with her and knew the mother quite well, it  
5 was perhaps more personal in the sense that I knew  
6 the family and had worked with them for a long time.  
7 Again, as you can see, I had not been involved in  
8 that many arrests and I really did not know, at least  
9 I did not feel I knew enough to know when a baby was  
10 certainly sick enough to die. I think it would be  
11 fair to say that I did not expect Amber to die that  
12 night, no.

13 Q. Were you aware -- did you  
14 become aware in the following days that there was a  
15 measure of puzzlement among the nurses and among  
16 physicians as to the cause of her death?

17 A. I know that there was a note  
18 written in the 4A communications book, and I know  
19 that I had that knowledge, so I must have read that  
20 note, but it said something to the effect that there  
21 was a question re her cause of death.

22 Q. Okay. We will look at it  
23 perhaps, and perhaps we should do that after lunch.  
24 Let me ask you this, though: Were you aware that  
25 the death was reported to the Coroner?

A. I am not sure when I became





J4 1  
2 aware of that, but I did know that, yes.

3 Q. Is it your recollection it  
4 was within a matter of days after her death that  
5 you learned it?

6 A. That is not my memory of it,  
7 no.

8 Q. You thought it was some time  
9 later?

10 A. I think I heard about it  
11 later.

12 MR. LAMEK: Can we leave it there  
13 for now, Mr. Commissioner?

14 THE COMMISSIONER: Yes. All right.  
15 Until 2:30.

16 --- luncheon recess.  
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--- on resuming at 2:30 p.m.

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THE COMMISSIONER: Yes, Mr. Lamek.

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MR. LAMEK: Thank you, sir.

4  
5 Q. Miss Nelles, when we broke  
6 for lunch we were talking about Amber Dawson and I  
7 had asked you, I think, whether you became aware that  
8 the death was reported to the Coroner. You told me,  
9 I believe, that you did learn that, but some time  
later.

10 A. I believe so, yes.

11 Q. But you did refer in the  
12 course of an earlier answer to a note in the Ward 4A  
13 communications book, and I think the communications  
14 book is somewhere there beside you, if you can find  
15 it. It is bound together with the ward meeting  
16 book and the 4B books. The first of those coloured  
17 tabs is the 4A communications book. Would you turn  
with me to page 5 of that, please.

18 A. Yes.

19 Q. Page 5, at the top of the  
20 page there is a note of what is said to be a short  
ward meeting on July 31, 1980.

21 Do you recall whether you were at  
22 that meeting?

23 A. I don't recall, no.  
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Q. If it is of any assistance to you, you came on duty for the long night shift on July 31st, and I cannot tell you from this note just when this meeting took place. You don't recall whether you were present or not?

A. No, but it is in Mrs. Radojewski's writing and signed by her and she would have been working the day shift, so I would probably, in all likelihood, not have attended this meeting.

Q. Unless it happened to have occurred at the time of the shift changeover at night?

A. Right. But I am sure that it would have occurred in the afternoon or morning some time.

Q. If you were not at the meeting, did you subsequently read the communications book and learn about the meeting?

A. Yes, I did.

Q. Was it your practice from time to time to see what was in the communications book? I take it its purpose was to inform people of matters of interest on the ward?

A. That is right.

Q. That was your practice, was it?





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A. Yes.

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Q. Could you give me an idea  
how regularly you checked in the communications book,  
when you may have seen this note?

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A. I would say that your  
opportunities to read it were probably -- they probably  
came up more times when you were working nights, when  
it was quieter than during the day. So, we worked  
nights every two weeks, so I would say, on the  
average, I probably looked in the communications book  
maybe once every two weeks or so.

12

13

14

15

Q. In fact, you worked the  
night of July 31st and then did not work again  
until the following week when you were on days. So,  
perhaps you did not see it for some time, unless you  
saw it on the night on which it actually occurred?

16

A. That is right.

17

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Q. In any event you will notice  
that the second paragraph, after some discussion of  
overtime, recording and verification and so on, is  
headed "Re Recent Deaths", and as I read that:

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22

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"News of cause for Amber is still  
unknown. Post mortem was done yester-  
day. Will get more information later  
but it seems there is an element of





'surprise' re her cause of death."

Was it your understanding, based wholly or in part on this note, that there was an element of question as to the cause of Amber Dawson's

87

A. Yes, but I think I took that to mean that Amber had had problems with nutrition and I think, later, I learned that there was a question of something to do with a problem with her diaphragm and I think, when I read "an element of surprise" regarding her cause of death, I sort of took that to mean that it was a possibility of something related to her nutritional status.

Q. Rather than her cardiac status?

A. That's right.

Q. It does appear, at least from the note, does it not, that the cause of death had not yet been established on the child?

A. Right.

Q. Do you recall any discussion with any of the nurses on the floor concerning possible cause of the child's death?

A. I don't remember any specific discussion. I remember at one time, I'm not sure







1  
2 when, that I learned that the mother had not been  
3 satisfied with the explanation of Amber's death and  
4 it was primarily the mother that pursued the  
5 Coroner's inquest.

6 Q. Do you have any awareness of  
7 what cause of death had been given to the mother?

8 A. No, I do not.

9 Q. Whatever it was, you under-  
10 stood that she was not satisfied with the explanation?

11 A. Yes.

12 Q. And asked all sorts of  
13 questions?

14 Now, would you turn to the next page  
15 with me where there is an entry for August 8, 1980,  
16 the first item on the page being headed "Amber  
17 Dawson" and that, I should tell you, from the WIN  
18 sheet, appears to be a day that you worked the long  
19 day shift. The note, as I read it, is:

20 "Post mortem shows abscess on diaphragm.

21 The Coroner has told Mom about this  
22 and that it will be difficult to  
23 diagnose even with x-ray. A full  
24 report is to follow in two months'  
25 time."

Do you recall seeing that note?





1  
2 A. I don't recall specifically  
3 seeing it but I had that information, so I think I  
4 must have read that.

5 Q. Did information as to  
6 finding an abscess on the diaphragm post mortem cast  
7 any more light for you on the cause of the child's  
8 death?

9 A. I certainly felt that this  
10 was perhaps another -- that this offered some ex-  
11 planation as to her death in that she was obviously  
12 a child that was very small for her age and had not  
13 developed as a normal child even with heart disease.

14 Q. Did you have sufficient  
15 expertise or experience to form a judgment as to  
16 whether an abscess on the diaphragm or some problem  
17 with her nutritional status, as you suggested, would  
18 have accounted for the manner of her dying as she did?

19 A. No, I did not.

20 Q. Did you raise any questions  
21 about that with anybody?

22 A. I don't recall raising any  
23 questions, perhaps because I had read this and thought  
24 that, at post mortem, they had in fact found an  
25 abscess on her diaphragm.

Q. Forgive me, I want to be clear





1  
2 as to your answer. Did that appear to you to pro-  
3 vide some explanation as to the cause of the child's  
4 death?

5 A. I think it helped me, yes.

6 Q. Did you ever see the post  
7 mortem report on the child?

8 A. Not until the preliminary  
9 hearing.

10 Q. It is contained in Amber  
11 Dawson's chart, beginning at page 59, and it is the  
12 form of post mortem report used by the Coroner's  
13 Office rather than the internal hospital form of  
autopsy report.

14 If you turn to page 63, Miss Nelles,  
15 you will see Heading 8, "Cause of Death", two-thirds  
16 of the way down the page. You will see that the  
17 pathologist, who was Dr. Cutz, at the Hospital, has  
written:

18 "The immediate anatomical cause of  
19 death not determined."

20 And he lists a couple of contributing factors;  
21 congenital heart disease, right hemidiaphragm  
22 paralysis. Yet, it appears, does it not, that even  
23 after autopsy, precise anatomical cause of death  
24 of this child was still something of a puzzle?  
25





1

2

A. Yes.

3

4

5

6

Q. Do you recall whether the surprise or puzzlement or the questions about the cause of death continued after early August on the floor?

7

A. I don't remember hearing anything more about it, no.

8

9

10

Q. Just before we leave Amber Dawson, Miss Nelles, would you turn to page 87 of the chart, please. That is the medications record.

11

A. Right.

12

13

14

Q. The child was receiving digoxin, aldactazide and a vitamin, I believe, Fer-in-sol. Is that a vitamin supplement?

15

A. Yes.

16

17

18

Q. I notice that the administrations which were to have taken place at nine o'clock in the evening on the 27th, the night that she died, had not been completed. Can you tell me why that is?

19

20

21

22

23

24

25

A. This child, as you can see from the chart, was one of the - other than Bilodeau - was one of the first children that I was involved with, and I did not realize at the time that the chart of the child had to go to Medical Records as soon as possible after the child had died and, in this







1  
2 case, due to my inexperience, I completed the  
3 progress notes on the child and omitted to sign off  
4 either the medications, as seen here on page 87,  
5 or the vital signs sheet as well.

6 Q. That is on page 98, I think,  
7 of the chart?

8 A. Yes.

9 Q. Or more precisely, over on  
10 page 99.

11 A. You will see there is nothing  
12 from 1900 onward.

13 Q. We should not take it from  
14 that that you did not take the child's vital signs in  
15 the early part of the shift before her arrest?

16 A. That is right.

17 Q. Or that you did not administer  
18 the medication?

19 A. That is right.

20 Q. But merely, when the time  
21 came to chart them at the end of the shift, the  
22 chart had gone down to Medical Records by the time  
23 you got to doing it?

24 THE COMMISSIONER: I don't understand  
25 how you could delay the taking of the vital signs.  
You would not remember those unless you had some





1  
2 other record. Did you have some other record?

3 THE WITNESS: Yes. There was a sheet  
4 kept at the bedside of the children where we recorded  
5 feeding times and vital signs and, at the end of  
6 the shift, those records would be transferred onto  
7 the vital signs sheet, except in the case of  
8 children who were on hourly vital signs and, then,  
9 the vital signs sheet would most likely be kept right  
10 at the bedside. But Amber was not on hourly vital  
signs.

11 MR. LAMEK: Q. Did I hear you say  
12 before lunch, Miss Nelles, that Amber Dawson's  
13 death was one that caused you a little surprise?

14 A. I think so, yes.

15 Q. Could you tell me just what  
16 it was that caused you that surprise?

17 A. I think I was surprised that  
18 she died that particular night; not that she was  
19 particularly stable. I mean, she exhibited signs  
20 of a child that was ill but I guess I just did not  
21 expect that she would die that night because, con-  
sidering her age and she had been as sick, if not  
sicker, on other occasions.

22 Q. Your observations in the  
23 first part of the shift as they are recorded in the  
24 chart did not lead you to think that she would not  
25





1  
2 make it until morning, is that essentially what you  
3 are telling me?

4 A. More so that I knew her  
5 before and, although, as I say, she was not well that  
6 particular evening, they were not signs and symptoms  
7 that would suggest that she would die that night. But  
8 I have to explain that, again, she was really only  
9 the second death or, certainly, cardiac arrest that  
10 I had taken part in and I did not have the experience  
11 to know how -- I understood that these children  
12 could be quite unstable and quite variable as to  
their condition.

13 Q. As we have said, Amber  
14 Dawson died in the early morning of July 28th. 72  
15 hours later, Lillian Hoos died, if you will remember,  
16 at 3:22 in the morning of July 31st, once again in  
17 Room 418. Once again, that child was your patient  
18 on the night that she died but, this time, you were  
providing constant nursing care. Do you recall that?

19 A. I don't recall that speci-  
20 fically, no.

21 Q. Let us just review the  
22 assignment book to make sure that we know what every-  
body was doing.

23 The night of July 30, the long night  
24  
25





1  
2 starting Wednesday, July 30, Phyllis Trayner was in  
3 charge, had no patient assignment; you were providing  
4 constant care to Lillian Hoos in Room 418 --

5 A. Sorry, what page are you  
6 looking at?

7 Q. I am at page 67 - sorry - of  
8 the assignment book in Tab 89.

9 Do you have it?

10 A. Yes.

11 Q. -- Mrs. Scott had five  
12 patients in Room 418 and Mrs. Christie had five in  
13 421 and two in 426, with the relief being shared  
14 with 4B to relieve -- the relief looking after, is  
15 that three in 425 and one in 423.

16 Once again, between you and Mrs.  
17 Scott, you had all of the patients in Room 418. You  
18 had one with constant care, Lillian Hoos; and Mrs.  
19 Scott had five?

20 A. I am on the wrong page.

21 Q. I'm sorry, are you in the  
22 right tab, Tab 89?

23 A. Yes.

24 Q. Page 67, on the top right-  
25 hand corner, the handwritten date is Wednesday, July  
30.







1  
2 A. I'm sorry, yes. Now, I am  
3 with you.

4 Q. Well, I'll just run through  
5 them again.

6 Phyllis Trayner, in charge with no  
7 patient assignment.

8 A. Right.

9 Q. You doing constant care for  
10 Hoos in 418; Mrs. Scott with five patients in 418;  
11 Mrs. Christie and the relief nurse with several  
12 patients in other rooms.

13 A. Right.

14 Q. Between you and Mrs. Scott,  
15 you had all six patients in Room 418; you with  
16 Hoos and Scott with the other five.

17 A. Right.

18 Q. Do you have any recollection  
19 of Lillian Hoos?

20 A. Not really, no. The only  
21 thing that I vaguely remember about this child is  
22 that she had an unusual burn.

23 Q. A burn?

24 A. Yes.

25 Q. Was that the burn in the  
arm-pit?





1

2

A. Yes.

3

4

Q. And you were required to  
treat that from time to time, were you not, with  
ointment?

5

6

A. Yes.

7

Q. Do you have any recollection  
of the shift on which she died?

8

A. No, I do not.

9

Q. We have heard a good deal  
about constant nursing care in our proceedings, as  
you may imagine. As I understand it, it is when you  
are on constant nursing care with a child, you may  
not leave that child without someone else being  
there.

14

A. That's right.

15

Q. And although an RNA may on  
occasion look after the child if you are away very  
briefly, when you go on a break, you should be  
relieved by a Registered Nurse. Do I have it  
correctly?

19

A. Yes.

20

Q. Do you recall what breaks  
you took the night that Lillian Hoos died?

22

A. I'm sorry, I don't.

23

Q. What breaks did you normally

24

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take in the course of the night shift?

A. Usually, there would be one  
some time between eight o'clock and midnight and then  
another one, which would probably be longer, some-  
where between midnight and four o'clock.

Q. Those are the breaks that  
we have heard referred to here as a coffee break and  
then the lunch break?

A. I guess that is the way some  
people refer to it.

Q. You have heard them referred  
to in that way?

A. Well, that is not the normal  
way that I referred to them when I worked nights.

—





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Q. Well, do you call them the short break and the long break, or just breaks?

A. Just breaks.

Q. Okay.

THE COMMISSIONER: Was it just two, Miss Nelles, that you took?

THE WITNESS: I think they are variable depending on how busy you were during a specific night.

THE COMMISSIONER: Do you remember what if any rule there was?

THE WITNESS: There wasn't a distinct rule.

THE COMMISSIONER: We have heard something about the maximum total time I think it is an hour and three-quarters.

THE WITNESS: Right.

THE COMMISSIONER: Had you heard that, did you know that?

THE WITNESS: That would correspond to the day shift where you have breaks, and I think that during the day shift you would have a coffee break in the morning, a lunch break, an afternoon coffee break and a supper break and I guess that amount of time would amount to an







hour and three-quarters.

Q. When you were providing constant care nursing to a child, Miss Nelles, unless there were serious difficulties that kept you in the room throughout the shift, did the breaks tend to be a little longer than when you were not on a constant care assignment?

A. Perhaps, because again you had to be relieved, so rather than being relieved every hour or so for a few minutes --

Q. Yes.

A. It was easier to be relieved for a shorter number of times for a longer period of time.

Q. Now does looking at your nursing note for the shift in question assist you in any way in recalling what occurred that night, page 70 of the chart, Miss Nelles, at the bottom of the page and going over to page 71.

A. No, I don't remember the events of that night.

Q. Looking at that note now, however, and at the observations that you recorded, is it your impression that until the time of the arrest at 2:40 in the morning, Lillian Hoos required a very great





1  
2 deal of care, she required you to be there, of course,  
3 constantly. Is it your impression that she would  
4 require a very great deal of care given the observa-  
5 tions that you recorded?

6 A. I really have no way of knowing  
7 whether the constant care was ordered because she  
8 was a patient that required a great deal of care, or  
9 whether she required constant attention.

10 Q. Is it fair to say that the vital  
11 signs that you were recording create an appearance  
12 of relative stability?

13 A. Yes.

14 Q. And although the color is  
15 very mottled at times, particularly so when she is  
16 upset, there doesn't appear to be any respiratory  
17 distress, and you record air entry into all lobes,  
18 slightly noisy in the upper lobes. As far as output  
19 is concerned, she is voiding satisfactorily  
20 enough, the I.V. is infusing well. Does it create a  
21 picture of a relatively calm first part of the shift?

22 A. I find --

23 Q. As far as the nurse is concerned.

24 A. From what is written here, yes.

25 Q. And you have no other recollec-  
tion?





Nelles  
ex. (Lamek)

1

2

A. No.

3

4

5

6

Q. I take it from that, Miss Nelles,  
there is no reason to think from the record that you  
made at the time that you did not take the normal  
breaks that night, is there?

7

A. That's right.

8

Q. Can you recall who relieved you  
for your breaks?

9

A. No, I'm sorry, I don't.

10

Q. It would have to be a registered  
nurse, however.

11

12

A. It would depend on the staffing  
that night.

13

14

Q. We know that Mrs. Trayner was  
on, Miss Morrin and Sui Scott.

15

A. Yes.

16

Q. And Sui Scott had four children in  
the same room?

17

18

A. Right.

19

Q. Could she reasonably have relieved  
you while you went for your break?

20

A. She could have.

21

Q. And if in the course of that  
relief one of her other patients in the room had  
required her attention, what would have happened?

22

23

24

25





Nelles  
ex. (Lamek)

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A. It would have been very difficult for her to look after her patient while giving constant care to Lillian.

Q. And Mrs. Trayner we know had no patient assignment that night.

A. Right.

Q. But you cannot recall which it was who relieved you?

A. No, I don't recall.

Q. Now the arrest as we know from your nursing note took place at or very shortly after 2:40 in the morning. You record at 2:40 that the baby appeared to be going off color, no respirations noted, although the apneic monitor didn't go off. Stimulated her, that means you shook her or something like that?

A. Yes.

Q. And she seemed to respond, and you put in a 23 for Dr. Rutherford. The baby again appeared to be in respiratory distress and the heart rate dropped to about 40, which I take it is a very low rate for a small child, is it not?

A. That's right.

Q. And then you record a Code 25 was called. Do you recall if Dr. Rutherford arrived







1

2

before the Code 25 was called?

3

A. I really don't remember.

4

Q. And the arrest team arrived

5

and made the effort to revive the child, unsuccessfully,

6

and you record the baby was pronounced dead at 3:22 in  
the morning. I take it you were present throughout

7

the arrest.

8

A. Yes.

9

Q. Do you have any recollection

10

whether the death of Lillian Hoos that night caused  
you any surprise?

11

A. I don't recall. I think in light

12

of the fact that it had now had three arrests that

13

probably caused me alarm, but I don't recall the

14

specific death of Lillian.

15

Q. We see from the medication sheet

16

the child is receiving digoxin, cream for the burn, and

17

as of the night that she died no other medication of

18

any kind, is that so, do I read this correctly?

19

A. I'm sorry, what page are you on?

20

Q. I am on page 74, I am sorry. She

21

had formerly been on aldactazide but that was dis-  
continued.

22

A. Yes. She was on aldactone,

23

Lasix, ampicillin and gentamicin as well as digoxin and

24

25





the cream.

Q. That's right, you were looking over on page 75, quite right. You administered those medications on that night, did you?

A. Right.

Q. In the doses prescribed?

A. That's right.

Q. Other than those medications did you administer any other medication to that child that night?

A. No, I did not.

Q. And to your knowledge, did anybody else?

A. No.

Q. Let's pause there in the sequence, Miss Nelles, if we can because we are now at the end of July, and since June 30th, if we include Alan Perreault there have been six deaths on the cardiology ward, had there not?

A. Yes.

Q. Two of them, that is to say, Woodcock and Taylor had been on Ward 4B while you had been on duty on Ward 4A; but three of them, Bilodeau, Dawson and now Hoos had occurred in the space of nine days from the 22nd to the 31st and each had been





1  
2 your patient.

3 A. Yes.

4 Q. After your experience of the  
5 preceding nine months, then, that is to say from  
6 October to the end of June, did you wonder what had  
7 hit the cardiology wards in that last part of July,  
8 and in particular what had hit you?

9 A. Yes.

10 Q. Did you cast around for any sort  
11 of explanation in your own mind?

12 A. I think that I sort of felt that  
13 I had been lucky up until that point not to have  
14 been involved in any deaths on the ward.

15 Q. Yes.

16 A. And that I was sort of led to  
17 believe from people who had been on the floor and  
18 had been experienced working with children with  
19 cardiac conditions that often these, for some unexplained  
20 reason, these deaths seemed to come in groups. I  
21 think I felt that we were going through a very bad  
22 time and that this was one of those groupings of  
23 deaths.

24 Q. Was that a view that seemed  
25 to be shared by other nurses on the floor?

A. I think so, yes.





Nelles  
ex. (Lamek)

1  
2 Q. That you were going through a  
3 cluster of deaths?

4 A. Yes, and that we were getting very  
5 sick children.

6 Q. And that such clusters happened  
7 from time to time?

8 A. That's right.

9 Q. And that suggests to me obviously  
10 that there was some discussion among the nurses on the  
11 floor about these deaths. Do you recall such  
discussion towards the end of July?

12 A. I don't recall specific discussions  
13 but certainly after a child would die there would be  
14 discussions that we had had a death. I know that  
15 there was discussion as to the fact that this was a  
16 very bad experience and that we were having to cope  
with a number of deaths.

17 Q. Was there also discussion, that  
18 you can recall, although perhaps not in detail,  
19 discussion that you can recall about the cause of  
20 these children's deaths? We have already seen some-  
21 thing about Amber Dawson.

22 A. Right.  
23  
24  
25







BmB.jc  
CC

1  
2 Q Do you recall any other  
3 discussions about any of the other children?

4 A Not until the mortality  
5 conferences were held.

6 Q Okay. Could I ask you to turn  
7 with me again to the communications book for Ward 4A  
8 and again to page 5. Once again, this is the note of  
9 what is called the short ward meeting of July 31,  
10 1980, the one that you cannot recall being at but  
11 of which you probably read the note. Under the  
12 heading "Re Recent Deaths", we read the paragraph  
13 about Amber Dawson but it goes on of course to refer  
14 to two other patients of yours who had died: Andrew  
15 Bilodeau who was said to have an unknown type of  
16 truncus but probably would not have recovered -  
17 would not have survived catheterization much less  
18 surgery, and then Lillian Hoos, the Waterston shunt  
19 was widely patent, PM showed chylothorax? Cause of  
20 death: it has not been settled yet.

21 When you read the note of that  
22 meeting did it occur to you that of three of your  
23 patients there seemed still to be some doubt as to  
24 why they had died?

25 A I don't remember thinking that  
at the time, no.





CC. 2

1  
2 Q I take it it was a matter of  
3 some interest and concern to you to know why these  
4 patients of yours had died?

5 A Yes.

6 Q But you don't recall either  
7 reading this and therefore you don't recall any  
8 reaction to it at the time?

9 A No.

10 Q Did you observe that in the  
11 case of your three patients who had died in July,  
12 Bilodeau, Dawson and Hoos, each one of them had died  
13 in the small hours of the morning between, roughly,  
14 2 o'clock and 3:30. Is that something that you  
15 observed as at the end of July?

16 A I don't believe I made any  
17 connection at that time, no.

18 Q Do you recall any comment or  
19 discussion from anyone else on the floor about that  
20 fact?

21 A Again I don't remember it at  
22 that time.

23 Q Do you recall who it was who  
24 gave you the information or the view that deaths  
25 often occur in groups or clusters?

A I believe it was Mrs. Radojewski.





1  
2 Q Okay. And do you have any  
3 recollection as to how it arose? Did you put a  
4 question to her or did it just arise in the course  
5 of discussion, do you know?

6 A No, I think it would have been  
7 during orientation when we were discussing the fact  
8 that there were the occasions when deaths occurred  
9 on the cardiac floor and sort of how nurses reacted  
10 to those deaths and sort of anticipating what it  
11 would be like to actually participate in an arrest.

12 Q You are referring to orientation  
13 back in October of 1979?

14 A That's right.

15 Q So, from the time you stepped  
16 onto the cardiology floor at Sick Children's Hospital  
17 it was in your mind that deaths when they happen  
18 could easily happen in groups and clusters, is that  
19 correct?

20 A I just recall that Liz said  
21 something to the effect that often they had seen  
22 deaths occur in groups or in patterns.

23 Q And so when in July you seemed  
24 to hit such a group or a pattern or a cluster that  
25 didn't take you totally by surprise. Is that what  
you're saying?





CC.4

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A. That's right.

Q. Okay. Well, things sometimes come in three's people say and that's a sort of cluster and I guess you had three in July but the very next night after Lillian Hoos had died another patient of yours died, did he not, Philip Turner, who died at 2:15 in the morning of August 1st and once again in Room 418. If we look at the nursing assignments, which are on page 69 of the assignment book, it appears does it not that Phyllis Trayner was in charge, again had two patients in Room 426, you had three patients in Room 418, one of them being Turner, Sui Scott also had three patients in Room 418, two in 425 and one in 423 and Mrs. Christie had five patients in 421 and she was helping out in 4B as well.

A. Right.

Q. That was the arrangement for the night?

A. Yes.

Q. So, once again we've got Mrs. Scott covering all the children in 418 but Mrs. Scott has patient assignments elsewhere in addition?

A. Right.

Q. Okay. Once again let me ask you the same questions I've asked you about other deaths,







CC.5

1

2

Miss Nelles. Do you have any recollection of  
Philip Turner?

3

4

A. No, I do not.

5

Q. Okay. Do you have any  
recollection of the night that he died?

6

7

A. No, I don't.

8

Q. Have you reviewed your nursing  
notes for the night of his death?

9

A. Yes, I have.

10

Q. And they haven't brought anything  
back to mind?

11

12

A. Not really, no.

13

Q. All right. Without having a  
recollection, is it fair to assume that you would have  
been present at the resuscitation effort on the child?

14

15

A. Most definitely.

16

Q. Okay. And throughout the  
resuscitation effort?

17

18

A. Yes.

19

Q. Without any recollection of  
either the child or the events of the night I take it  
you cannot possibly tell me whether his arrest and  
death caused you any surprise of any kind?

20

21

22

A. No more so than it added to the  
numbers.

23

24

25





CC.6

1  
2 Q All right. But as an individual  
3 child, an individual death, you do not recall what  
4 his reaction or response was to the death?

5 A No.

6 Q All right. The medication sheet  
7 is found at page 140 of the chart. It appears that  
8 the child was on digoxin, phenobarb, K-lyte and then  
9 SSD cream as well - no, he was not on vitamins at  
that stage?

10 A That's right.

11 Q And you signed off the medications  
12 for the child that night?

13 A That's right.

14 Q And administered them all I take  
it yourself?

15 A Yes.

16 Q In the doses that were prescribed?

17 A Yes.

18 Q Other than the prescribed doses  
19 of the medications for which you signed, Miss Nelles,  
20 did you administer any medication of any kind to  
Philip Turner the night that he died?

21 A No, I didn't.

22 Q And to your knowledge did anybody  
23 else?

24

25





CC.7

A. No.

Q All right.

THE COMMISSIONER: I notice that the digoxin - I am sure we've had this before - why was it given at - was it 9 o'clock at night on the 31st?

THE WITNESS: I am sorry, I can't read my copy very well.

THE COMMISSIONER: Well, it was supposed to have been given at 3 o'clock in the afternoon and it was given at 9 o'clock at night. We have probably had an explanation of that.

THE WITNESS: I can't read mine.

MR. LAMEK: I don't know that my copy is any more legible but perhaps it is.

I think what the Commissioner is referring to is this. You wrote down the time of the administration, which appears to be 1500. Can you help us with that?

THE WITNESS: It is very unusual that digoxin would be administered four times a day and that looks to me like 03 something, 1500.

MR. LAMEK: Q And something else?

A. And something else.

Q But the two somethings don't appear to be numerals, do they, they appear to be





CC. 8

1  
2 letters from a word?

3 A. That's right, and you will  
4 notice that the signatures only appear at 9 and 21 -  
5 I'm sorry, 3 and 15.

6 Q. 3 and 15?

7 A. According to here.

8 Q. Yes.

9 Well, perhaps, Mr. Commissioner, we  
10 can get the original of the chart by tomorrow and it  
11 will at least be more legible. But it appears that  
12 on the night of the 31st digoxin was administered by  
13 you at, what, 2100?

14 A. Right. Someone had signed in the  
15 wrong spot.

16 Q. They had indeed, they've put an  
17 arrow and you put S. Nelles R.N. 2100?

18 A. Right.

19 Q. Okay. Well, Miss Nelles, that  
20 was two deaths on successive nights. Since the long  
21 night shift of July 21 to 22 you had worked, by my  
22 count, well, including the night of July 21/22 six  
23 long night shifts. In that space of time you had had  
24 the misfortune to lose four patients. How did you  
25 feel?

A. Terrible.







CC. 9

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Q The other nurses supportive of  
you?

A Everyone was very upset, yes.

Q The team leader as well I take  
it was supportive of you?

A Yes.

Q And the supervisors?

A Right.

Q Was it perceived to be a problem  
that you were having or a problem that the whole  
floor was having?

A I think that I looked at it that  
we were getting an increased number of very ill  
children. I had never seen children quite so seriously  
ill in my experience on the floor, certainly small  
infants. Maybe I had just not been assigned to them  
before I came to work on Mrs. Trayner's team.

Q All right. Did you have or do  
you have any explanation for the fact that it seemed  
to be your patients who were dying?

A I think that you have to look  
at the team and that the team was made up of Mrs.  
Trayner as team leader, myself, Sui Scott and Mrs.  
Christie who was an RNA and then Janet Brownless  
joined the team some time later.





CC.10

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Q. Yes.

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A. And of those nurses if Phyllis

was team leading then I was the most senior nurse on the team and that I would be assigned the patients that were probably the biggest worry, or certainly the children that were the illest.

Q. All right. It would follow from that I take it that if any child were in danger of dying it would likely be a child who had been assigned to your care?

A. Yes.

Q. And that's what you're suggesting?

A. Yes.

Q. Now, on August 8th at 7:45 in the evening Dion Shrum died. You had worked the long day shift that day. Do you have any recollection of Dion Shrum?

A. No, I do not.

Q. All right. By mid August is it fair to say that the stress level amongst the nurses on the floor was very high?

A. Yes.

Q. Was there not talk of trying to get some psychiatric counselling for the nurses?

A. I don't specifically remember





CE-11

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that coming out at that time.

Q Okay, perhaps we can help to recall it. Could we look at the communications book again, please, and in particular page 6, which records ward meeting on August 15th. It begins about a third of the way down the page, at which you are reported to have been present?

A Right.

Q Do you remember the meeting?

A I don't remember it, no.

Q Okay, perhaps the note will help you. The first topic was about Christmastime and arrangements for time off and so on. And then a note about a clinical pharmacist will be starting and then a third note "Psychiatrist for 4A/B". Is that Dr. Wehrspann?

A Wehrspann, yes.

Q "Will be meeting with him in September to set up some plans for 4A/B staff and patients."

A Right.

Q Does that assist your recollection as to any discussion about cancelling the nursing staff?

A I don't remember that being





CC.12

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related to the deaths, I remember that as being somehow related to having someone available to the staff and to the patients.

Q Okay. For what purpose?

A As a consultant.

Q Was there anything that was contributing more hugely to the stress of the staff on the cardiology wards at that time than the number of deaths that had occurred?

A I don't believe so, no.

Q And indeed had psychiatric counselling been available is it reasonable to think that it would have been addressed largely to helping people cope with the kind of stress that had been building up?

A Yes, but again I don't remember that at that particular time.

Q All right.

A I just wonder why they include patients here and that's why --

Q It struck me as a bit odd too, I have to tell you.

A It makes me think that it had to do with having somebody available to the staff and the patients.







CC. 1

1 Q Well, we have seen one instance  
2 already today where patients should have been read  
3 as parents, maybe this is another case, but that's  
4 speculation of course.

5 Miss Nelles, I recognize that you had  
6 not had long experience on cardiology wards to give  
7 you any kind of benchmark as of the middle of August  
8 or assess whether the number of deaths is unusual.  
9 You had been told that deaths sometimes occur in  
10 clusters but did it not appear to you as you got into  
11 August that other nurses with more experience did  
12 consider that this spate of deaths was unusual? Was  
13 there not concern on the ward about the number of  
14 deaths?

15 A. There was concern about the  
16 number of deaths, yes, but I only remember it as  
17 being concern that we were losing children and that  
18 we as nurses were getting children who were very sick  
19 and that they were not making it through the night.

20 Q. Okay. Were you, by the middle  
21 of August, 1980, beginning to wonder whether perhaps  
22 you were missing some warning signs in these patients?

23 A. I think that would be fair to  
24 say, yes.  
25





DP  
DP/PS

1  
2 Q. Were other nurses beginning to have  
3 the same kind of question about their own nursing  
4 skills as well?

5 A. I think that that came up around  
6 that time, yes.

7 Q. A feature of the deaths of your  
8 patients that we have looked at so far was this, was  
9 it not, Miss Nelles, that they seemed to have suffered  
10 a sudden onset of critical symptoms, severe bradycardia,  
11 severe respiratory distress; did that seem to be a  
12 feature of them, suddenness of the movement to those  
severe symptoms?

13 A. I never made that connection,  
14 no.

15 Q. But looking back on it now, is that  
16 fair to say that that seems to be a feature of those  
deaths - they suddenly became severely bradycardic.

17 A. I find that question very hard  
18 to answer because I think that a lot of them were very  
19 unstable and that they displayed unstable characteristics  
20 throughout.

21 Q. They may have, but bradycardia  
22 had not been one of the unstable characteristics  
which they manifested, had it?

23 A. Right.  
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Q. And each one of them, on your observation, suddenly became rather dramatically bradycardic, is that fair?

A. They became bradycardic, yes.

Q. And once those symptoms had started to develop is it not also fair that a common element was that they progressed rapidly from the onset of those symptoms to arrest?

A. You could say that, yes.

Q. And the arrest once it occurred was apparently irreversible and resuscitation efforts were unsuccessful.

A. Yes.

Q. Did it occur to you to wonder whether that was a usual pattern of terminal events for children with congenital heart defects?

A. I think perhaps I wondered, yes.

Q. Did you ask anybody about that - other more experienced nurses or physicians?

A. As I say, I don't remember connecting them that way so that I did not group the deaths together other than there were a large number.

Q. And the characteristics, with the benefit of hindsight, we can see may have been common such as the hour of death and the manner of





1  
2 dying were not things that occurred to you at the  
3 time?

4 A. I did not put them together like  
5 that, no.

6 Q. Did there come a time in this  
7 nine month sequence when you did make that sort of  
8 connection?

9 A. I think into the new year, into  
10 February, March I made the connection that they seemed  
11 to be dying in the morning. I don't know whether I  
12 ever really associated the severe bradycardia.

13 Q. Or the manner of death.

14 A. I never really connected that,  
15 no.

16 Q. Perhaps we will come to that in  
17 due course.

18 Let us move on to Kelly Ann Monteith  
19 who died at 4:45 in the morning of August 19, once  
20 again in Room 418 and once again your patient.

21 If you look at page 105 of the  
22 assignment book, Miss Nelles, we can place people in  
23 their respective assignments. You I believe were  
24 assigned to provide shared nursing care at night to  
25 Kelly Ann Monteith and to another child in Room 418,  
were you not?







Nelles  
ex. (Lamek)

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2

A. Yes.

3

Q. The team leader, Phyllis Trayner,

4

had three children in 425, Miss Scott had a couple of  
children in 418, three in 421, one in 423 and one in

5

426 and you had a relief until 11:00 who had a couple

6

of children in 418 and three in 421, a busy ward that

7

night.

8

A. Yes.

9

Q. And there you were in 418 providing

10

shared nursing care.

11

A. Yes.

12

Q. Do you have any recollection of  
Kelly Ann Monteith?

13

A. I remember the child, yes.

14

Q. You do remember the child.

15

A. Yes.

16

Q. Can you tell us what you remember

17

about her and in particular about her condition on  
the night that she died?

18

A. I don't remember her condition

19

particularly the night she died but I remember this  
child because I admitted her to the floor.

20

21

Q. Right.

22

A. And at the time that she was

23

admitted I remember after doing the general admission

24

25





1  
2 that I went out to the desk and I am not sure who it  
3 was, I believe it may have been Dr. Schaffer, and he  
4 told me that this baby had had an infarct and I  
5 had never heard of a baby having a myocardial  
6 infarction and I knew that it was very rare. He  
7 told me that they were quite certain that this baby  
8 had had an infarct and because of this she could go  
9 at any time.

10 Q. So that we all understand that,  
11 and so that I am sure that I begin to, I take it the  
12 consequences of a myocardial infarct would be there  
13 would be areas of dead tissue in the child's  
14 myocardial, in the heart.

15 A. That is right.

16 Q. Which would presumably impair  
17 its function.

18 A. That is right.

19 Q. In addition to any other defects  
20 that she might have.

21 A. Right.

22 Q. I take it that the consequence  
23 of that was to give you some concern about Kelly  
24 Ann Monteith and her prognosis?

25 A. Right.

Q. What about the night that she died.





Nelles  
ex. (Lamek)

1  
2 Do you have any recollection of the events of the  
3 shift? Does looking at the nursing notes commencing  
4 at page 48 of the chart help you?

5 A. They don't really help me, no.

6 Q. You have no independent recollec-  
7 tion?

8 A. Of that night, no.

9 Q. You were providing shared  
10 nursing care. That we have learned here means as  
11 with constant nursing care you have to be relieved  
12 before you can go off on a break and leave your two  
13 patients.

14 A. Certainly, it would be all right  
15 to leave the other one. In the shared nursing situation,  
16 chances are only one of the children are very ill.  
17 The other one is probably - requires, in terms of  
18 nursing care or amount of time spent with them it  
19 is usually what we would call a lighter patient.

20 Q. But of the two that you were  
21 providing shared care for that night, I take it it  
22 was Kelly Monteith who was the more seriously ill.

23 A. That is right.

24 Q. And the one who was truly in need  
25 of constant attention.

A. Right.





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Q. You would need to be relieved to leave her?

A. Yes.

Q. Do you recall whether and when you took your breaks that night?

A. No, I don't remember.

Q. Do you recall who relieved you for your break?

A. I'm sorry, I don't remember.

Q. Once again we know Mrs. Scott was in the room although she had patients in three other rooms.

A. Right.

Q. Mrs. Trayner had patients in one other room. Either of those people could have relieved you I take it. Each was an RN.

A. I believe there was also a relief for a time as well.

Q. That was only until 11:00.

A. Right. Then they have that someone else came from 5:00 to 7:00 -- it is irrelevant.

Q. It is for this child, I'm afraid. You cannot recall which RN relieved you for your breaks that night.







Nelles  
ex. (Lamek)

1  
2 A. No, I cannot.

3 THE COMMISSIONER: Miss Nelles, when  
4 you get this shared care, do they tell you which  
5 child, or are you supposed to know automatically which  
6 is the seriously ill one?

7 THE WITNESS: They tell you.

8 THE COMMISSIONER: They do? There is  
9 nothing on the assignment that would tell us which.

10 THE WITNESS: The only thing that might  
11 help is on the day shift under Miss Partridge they  
12 have Monteith, CC 0930 and I would take that  
13 to mean constant care as of 9:30, unless that means  
14 cardiac cath. at 9:30.

15 Q. It is hard to reconcile your  
16 interpretation of it with the words, "Shared care"  
17 beneath the two names, is it not?

18 A. Right.

19 Q. Does looking at any other part  
20 of the chart help you with breaks on this one, Miss  
21 Nelles? Could we look at the flow sheet which is on  
22 page 83 of the chart, more particularly page 84.  
23 Page 84, the vital signs are recorded from 8:00 onward.

24 A. Right.

25 Q. Are those vital signs recordings  
all in your handwriting?





1  
2 A. No, they are not.

3 Q. Can you tell me which is in your  
4 handwriting and which is not?

5 A. They are all in my handwriting  
6 except for 2300.

7 Q. Looking at page 84, Mr. Commissioner,  
8 the vital signs beginning a third of the way down the  
9 page at 2000 hours, a couple of hours down, and you  
10 say, Miss Nelles, at 2300 hours where under the pulse  
11 rate there is something crossed out and then the  
12 number 154 high up in the box --

13 A. Right.

14 Q. 71 for the arrest rate, that is  
15 not in your handwriting.

16 A. That is right.

17 Q. Do you recognize the handwriting?

18 A. I believe I do, yes.

19 Q. Whose is it?

20 A. I would say it is Phyllis  
21 Trayner's.

22 Q. Had you been in the room with the  
23 child I take it you would have been taking and record-  
24 ing the vital signs yourself.

25 A. Usually, yes.

Q. Does the fact that the 11 p.m.





1  
2 vital signs were recorded by someone else suggest  
3 that at that time you were not in the room, you were  
4 out on a break somewhere?

5 A. That would be a reasonable  
6 assumption, yes.

7 Q. And if indeed that is the hand-  
8 writing of Mrs. Trayner, does that suggest that it was  
9 she who relieved you for that break at least?

10 A. Yes.

11 Q. Do we get any further help from  
12 the medication sheet? That is at page 79, and you  
13 have signed for three medications. Is it your  
14 recollection that you yourself administered all  
15 medications to this child on the night that she died?

16 A. Yes.

17 Q. Which of course leads me to the  
18 question I have been asking you about all of these  
19 periods. The medications for which you signed and  
20 which you administered I take it were for the  
21 prescribed doses?

22 A. That is right.

23 Q. Other than those, did you  
24 administer any other medication to the child the  
25 night that she died?

A. No, I did not.





1  
2 Q. To your knowledge, did anybody  
3 else administer any such medication?

4 A. No, they did not.

5 Q. Other than your absence from the  
6 room for breaks and perhaps very brief absences  
7 on other occasions, you were with the child constantly  
8 throughout the night, were you?

9 A. To my recollection, yes.

10 Q. At least, you were supposed to be.

11 A. Yes.

12 MR. LAMEK: Mr. Commissioner, would  
13 this be an appropriate time for a break?

14 THE COMMISSIONER: Yes, we will take  
15 20 minutes.

16 ---Short recess.  
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M/ak

1  
2 --- Upon resuming.

3 THE COMMISSIONER: Yes, Mr. Lamek.

4 MR. LAMEK: Q. I take it once  
5 again, Miss Nelles, that since you are unable to  
6 recall any of the particular events you cannot tell  
7 me whether the arrest and death of Kelly Anne Monteith  
8 caused you any surprise of any kind?

9 A. I think in light of the fact  
10 that I had spoken with Dr. -- I can't remember who  
11 it was exactly, I believe it was Dr. Schaffer and  
12 he having told me that this child could go at any  
13 time, I don't recall being terribly surprised that  
14 she did in fact die.

15 Q. And there is implicit in  
16 that, I take it, the fact that she happened to die  
17 that night rather than any other was not the cause  
18 of any surprise to you?

19 A. Not really, no.

20 Q. Now, on August the 22nd  
21 a patient called Paul Murphy died, and he is not  
22 on the chart that we have had prepared, and you  
23 were not on duty at the time of his death as I  
24 understand it. Do you have any recollection of  
25 that child?

A. I remember the child, yes.





DM.jc  
EE.2

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Q You had dealt with him earlier  
in that admission, or on prior occasions?

A He had been admitted to the floor  
several times in the past.

Q And indeed we had heard that he  
was a very sick patient indeed?

A Yes, he was.

Q And not expected to survive?

A No, he was not.

Q The next child on our chart to  
die was Antonio Velasquez, he died on Ward 4A on  
August the 24th at 4:25 in the morning, but you were  
not on duty?

A No, I wasn't.

Q Indeed as I understand it you  
had worked the long night shift on August 18-19 which  
was a Monday/Tuesday?

A Right.

Q You were not scheduled for duty  
the rest of that week; you then took one of your  
statutory holidays at the end of the week?

A Right.

Q And the following week you were  
on vacation from Monday the 25th until Friday the 29th  
of August?





EL. 3

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A. Right.

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Q. You were not scheduled to work

4

on the 30th and 31st and therefore after leaving work

5

on the morning of August 19th you did not return to

6

work until September the 1st, is that correct?

7

A. That's right.

8

Q. And therefore it is not merely

9

that you were not on duty on the day that Velasquez

10

died, you were on vacation?

11

A. That's right.

12

Q. Do you have any recollection of

the child at all?

13

A. No, I don't.

14

Q. You don't recall him from

before you went on vacation?

15

A. No, I don't remember him.

16

Q. When you returned to work for

17

long days on Monday, September 1st, did you learn that

18

another child had died, Velasquez?

19

A. I don't remember hearing that, no.

20

Q. And you don't recall learning that

21

there had been a large measure of concern about his

22

death, that he had been a postoperative patient who

23

was expected to be on his way back to the sunny Island

24

and died very suddenly?

25





EE.4

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A. No, I don't remember that.

3

Q. You have no recollection of that

4

at all?

5

A. No.

6

Q. I take it though Miss Nelles

7

that your vacation in the latter half of August must  
have been a very welcome one?

8

A. It certainly was.

9

Q. You were more than ready for it?

10

A. Yes.

11

Q. Did you go home to Belleville?

12

A. No, I didn't, I went to Edmonton

13

and then to Vancouver.

14

Q. While you were on vacation did

15

you have any opportunity to talk to either your father  
or your brother about the deaths that had occurred?

16

A. I don't remember. I don't

17

really remember when I talked to my father about it.

18

I remember at some point in time telling them that we

19

had had a lot of deaths on the floor, and that we had

20

had a lot of very sick children with severe heart

21

disease, and that we seemed to be going through a very  
bad time in terms of losing children.

22

Q. In light of what you told me a

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little while ago that you didn't start seeing

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EE.5

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parallels between these deaths until the early part of 1981, I take it in any conversations you had you didn't recount the pattern of dying that these children seemed to be experiencing?

A. No, not at all, just that we had had a number of very sick children and that we had had a number of deaths on the floor.

Q. Now we know that Phyllis Trayner was married in late August, and you were on vacation at that time; were you invited to her wedding?

A. I don't recall that I was, no.

Q. In the period - you came back on September the 1st, and as I understand it in her absence you acted as team leader?

A. That's right.

Q. In the period that she was away one child died, and that occurred a day after you returned, Laurette Heyworth, who was an older girl you will recall who died at 8:20 or 8:30 in the morning on September the 2nd, your second day back at work?

A. Right.

Q. You worked the long day that day and the death occurred about an hour into the shift I take it?





EE.6

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A. That's right.

3

Q. Do you remember that child?

4

A. Yes, I do.

5

6

Q. And do I have it correctly that she too was an older child who was very seriously sick and not expected to survive?

7

8

A. Yes, she had been admitted to 4A or 4B several times in the past.

9

10

Q. Do you recall whether there was a "do not resuscitate order" on that child?

11

A. I believe there was.

12

13

14

Q. Another thing that occurred in Mrs. Trayner's absence was that a Mortality and Morbidity Conference was held on September 5th, do you remember that?

15

A. Yes, I do.

16

Q. Did you attend that conference?

17

A. Yes, I did.

18

19

20

21

Q. And the evidence that we have heard, and the notes in the Communications Book all tell us that three cases were discussed at that meeting on September the 5th, Bilodeau, Turner and Taylor?

22

A. Right.

23

Q. And of course two of them had

24

25





LE.7

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2

been your patients, Bilodeau and Turner, had they not?

3

A. That's right.

4

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7

Q Do you recall a discussion at the meeting? And if it is of any assistance to you in the Communications Book I think it is Mrs. Radojewski's notes that are found at page 7 and going on to page 12.

8

9

10

A. I remember that the meeting was held in our conference room and that it was primarily led by, I believe it was Dr. Rowe.

11

12

13

14

15

Q Yes.

16

17

A. And that he dealt with each of the deaths, and primarily he discussed the autopsy reports, then we discussed the treatment that the child had received.

18

19

20

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22

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24

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Q Is it fair to sum up what I call the message of the meeting by saying that Dr. Rowe and the others there were anxious that you should understand that there was no failure of nursing care with these children, and that their deaths were attributable to their very serious clinical conditions, was that one of the things that you took from the meeting?





1  
2 A. I certainly took from the meeting  
3 that they described the conditions of the children  
4 and they seemed to - the autopsies or the reports in  
5 most cases seemed to, from their viewpoint, describe  
6 what had happened.

7 Q You say from their viewpoint  
8 almost as though you differ from it?

9 A. No. Just that they were the  
10 physicians and they were certainly more aware of what  
11 the values and whatnot meant than I was.

12 Q And they appeared to be satisfied  
13 that the deaths of those three children at least were  
14 attributable to the clinical condition of the children  
15 I take it?

16 A. That is the impression I got, yes.

17 Q Did you take some comfort from  
18 that?

19 A. Yes.

20 Q And I take it as far as you  
21 could judge other nurses at the conference similarly  
22 took comfort from those views expressed by the  
23 cardiologists?

24 A. I don't remember there being a  
25 real question about quality of nursing care at that  
meeting. I really got the impression that we were







1  
2 discussing the total care, both physician and nursing  
3 care.

4 Q Was it not one of the reasons  
5 for holding the conference that, as you had told me  
6 earlier, that the nurses were beginning to wonder  
7 whether they were missing something in the treatment  
8 of the children?

9 A I think so, yes.

10 Q And you could take some reassurance  
11 from what you were told at that meeting that whatever  
12 was causing the deaths of these children it was  
13 clinical condition, not your lack of vigilance?

14 A That's right.

15 Q Would you look at page 11 of the  
16 book with me, please, where there is a discussion of  
17 David Taylor. Now David Taylor was one of the three  
18 who had not been your patient, but nevertheless I  
19 take it you were interested in discussion on each of  
20 these children?

21 A Yes.

22 Q About three-quarters of the way  
23 down the page there is reference to Sunday evening  
24 irregular apex, ST depression, vomiting; tachycardia -  
25 second, does that mean that AV block in any event,  
ventricular fibrillation?





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A. Right.

Q ECG showed ST wave depression and ? digitoxin. Do you recall any discussion of that at the meeting as it related to David Taylor?

A. I don't remember that, no.

Q And therefore you can't tell me what your recollection is, or who may have raised it and what response was made to it?

A. I don't remember that, no.

Q After the death of Laurette Heyworth; I'm sorry, just let me carry that forward one step. There was a second Mortality and Morbidity Conference to be held later in the month, on the 26th I believe, did you attend the second conference?

A. No, I didn't.

Q Did you become aware of what went on at the second conference from looking in the Communications Book?

A. Yes, I guess some time later.

Q Did it appear to you that the same message was coming through that meeting as well?

A. Right. I think another message that came out of it was the discussion of the intermediary unit.

Q The ICU?





1  
2 A. Yes.

3 Q After the death of Laurette  
4 Heyworth on September the 2nd there were no further  
5 deaths for more than three weeks remember, and then  
6 on September the 25th at 4 o'clock in the morning  
7 Brian Gage died, once again in Room 418. Now, Brian  
8 Gage was not your patient but you were acting as  
9 team leader, were you not, even though Phyllis Trayner  
10 had that day come back to work and this was her first  
11 shift after her wedding?

12 A. Right.

13 Q Can you tell me how it came  
14 about that you were acting as team leader notwith-  
15 standing Mrs. Trayner's return?

16 A. When someone - although Phyllis  
17 was normally the team leader, on such an occasion as  
18 this where it was her first night back and where she  
19 would not know any of the children on the floor, it  
20 was usually assumed that the back-up team leader will  
21 continue in the role as team leader until, in this  
22 case, Phyllis got more familiar again with the  
23 children on the ward.

24 Q So on that shift you were again  
25 team leader. The nursing assignment for the night  
shift is set out on page 179 which is the very last





1  
2 page under Tab 89 in the Assignment Book for the  
3 night of Wednesday, September 24th?

4 A. Right.

5 Q. Do you have that?

6 A. Yes.

7 Q. And there you are in charge with  
8 no patient assignments. Mrs. Trayner had four  
9 patients in Room 418; Mrs. Scott had six patients in  
10 421 and one in 418 who we know from her evidence in  
11 the chart would be Brian Gage. Mrs. Christie had  
12 four patients in 425, two in 426 and one in 423.  
13 I have read that correctly, have I?

14 A. Right.

15 Q. Do you have any recollection of  
16 the events of that night, Miss Nelles?

17 A. Again only I have sort of a  
18 vague recollection but it's not, I can't clearly  
19 remember most of the events.

20 Q. Once again this was in the  
21 nature of a first, this was the first time a death  
22 had occurred at night when you were team leader?

23 A. That's right.

24 Q. And in charge of the ward?

25 A. Right.

Q. Can you tell me what you do







1  
2 recall of the night; and once again if the chart  
3 would help you it is available.

4 A. I forget exactly who was  
5 assigned to Brian Gage.

6 Q. Sui Scott.

7 A. Sui Scott, yes.

8 Q. It was the only child she had  
9 in Room 418?

10 A. Right.

11 Q. Although she has six children  
12 in other rooms. Her note is at page 65 of the chart.

13 A. The thing I vaguely remember  
14 about that night was that I was team leading, and I  
15 recall something about Sui Scott informing me that  
16 this baby was vomiting, or having difficulty, and  
17 that - either I imagine I must have gone to the  
18 physician and told him, or her, that it was decided  
19 that we would nasogastrically feed the baby.

20 Q. Do you recall if the child was  
21 going to the OR the next morning?

22 A. I don't remember that, no.

23 Q. Mrs. Scott's evidence has been  
24 that because of that, at least until 4 o'clock in  
25 the morning the physician was anxious that calories  
be gotten into this child, do you have any recollection  
of that?





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A. Again I just remember something  
about feeding the baby nasogastrically.

4

Q Do you have any other recollections  
during the course of the shift?

5

6

A. Again I remember that Mrs. Trayner  
had most of the children in that room, and that she  
was concerned when this baby got into trouble that  
for some reason that the baby had perhaps - how do  
you describe it?

9

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Q Aspirated.

11

A. Aspirated the fluid from the last  
feed.

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Q. Was there any evidence of that so far as you could see?

A. Not that I could see, no.

Q. Any other recollection?

A. I don't remember anything else, really.

Q. Now, you were the team leader, Mrs. Trayner was notionally working as a member of your team that night.

A. Right.

Q. And there was an arrest and you were the patient in charge of that arrest.

A. Right.

Q. Did Mrs. Trayner permit you to take charge of that arrest and to be the person in charge of it?

A. I never got that impression, no. I think that I assumed my normal role at an arrest rather than as an authoritative person primarily because I had never been a team leader.

Q. All right.

A. In this position before.

Q. And your inexperience of performing in the team leader's role at an arrest I take it made it appropriate for Mrs. Trayner to take





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charge as she usually did at an arrest, that was her function.

A. Right.

Q. Okay. I take it that wasn't the cause of any dispute or antagonism between you that night, was it?

A. No, but I think that it played a part in a feeling that I had later.

Q. All right. Why don't we come to that right now then. What was the feeling that you had and how much later?

A. Again, I can't remember exactly when it was but I had an evaluation that took place some time in the fall.

Q. That's a regular thing in the hospital procedure, is it not?

A. That's right.

Q. When your performance is evaluated and you are told about it and it is discussed with you?

A. Yes, there is one at three months, one at six months and then one year later.

Q. Right.

A. And I believe, I'm not sure whether this would have been probably my yearly one.







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Q. Yes. Who conducted that.

A. It was between Liz Radojewski and myself.

Q. Right.

A. And at that time it arose that I voiced the opinion that I was having some trouble getting along with Phyllis in a working type relationship.

Q. All right. Now, you had worked with her at that stage since some time in June.

A. Right.

Q. So, we are looking at part of June, July, August, September and perhaps a little of October, something of that sort.

A. Yes.

Q. Perhaps four to five months.

A. Right.

Q. Did you make any particular request of Mrs. Radojewski at that time?

A. I think I told her how I was feeling.

Q. Yes.

A. And that I told her that I felt it was difficult to work when there was this difficulty between us and I thought that it probably could be





1  
2 resolved but if it couldn't then perhaps I should be  
3 moved to another team.

4 Q. Now, what was the nature of the  
5 difficulty that you felt between yourself and Mrs.  
6 Trayner that developed over the space of the four or  
7 five months?

8 A. I got the feeling that at times  
9 instead of working as a team and working side by side  
10 in situations that Phyllis tended to sort of be more  
11 like my boss rather than listen to what I had to say  
12 at times.

13 Q. Were there particular instances  
14 that came to your mind at the time that you were  
15 talking to Mrs. Radojewski about this?

16 A. Well, as I say, perhaps in terms  
17 of this arrest was a time when again I was inexperienced  
18 but Phyllis more or less took over and certainly in  
19 terms of the Amber Dawson episode and the 23 versus  
20 the 25.

21 Q. Yes.

22 A. At that time I felt that I had  
23 been the nurse looking after the child and I had  
24 watched her all night long and that Mrs. Trayner had  
25 come in and simply said, let's call a 25 and I perhaps  
at that time felt that she wasn't really listening to





1  
2 what I was saying, she was making her own decision  
3 independently.

4 Q. Well, I want to understand you  
5 and please tell me if I have characterized this  
6 wrongly. Was your complaint that you did not care  
7 for her leadership style, she was a team leader after  
8 all.

9 A. Right, and ultimately she has the  
10 final decision.

11 Q. Yes.

12 A. But I think what I was trying to  
13 say was that we were two RN's working on a floor and  
14 that we should work - in order to have a good working  
15 relationship we should work side by side rather than  
16 one above the other.

17 Q. With respect to the Gage arrest  
18 you have been frank to say that you were inexperienced  
19 in the role of team leader at an arrest.

20 A. That's right.

21 Q. And I take it that you would have  
22 welcomed some assistance and guidance in how to perform  
23 your role that night.

24 A. Yes.

25 Q. Did Mrs. Trayner's involvement  
in that arrest go beyond what you would have hoped





1  
2 to have to something that you resented?

3 A. I think that it must have played  
4 a part in what I was saying, in what I was voicing to  
5 Mrs. Radojewski that I felt that she wasn't giving  
6 me enough credit for being an experienced RN.

7 Q. But whenever that review and  
8 evaluation took place with Mrs. Radojewski things  
9 by then had reached the point in your mind where you  
10 were prepared to ask to be taken off the team?

11 A. If it could not be resolved, yes.

12 Q. And what was the outcome of that?

13 A. We decided that Phyllis and I  
14 should confront one another with the problem that  
15 existed.

16 Q. That was Mrs. Radojewski's  
17 suggestion?

18 A. That's right.

19 Q. And did that happen?

20 A. Yes, it did.

21 Q. When?

22 A. Again, I don't remember exactly  
23 when but it would have been shortly after this  
24 evaluation.

25 Q. Did the two of you talk about this  
in the hospital or outside the hospital?







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A. It was in the hospital, it was  
in the conference room actually.

4

Q. Right. And what happened?

5

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A. It was my understanding that Liz  
had approached Phyllis and told her how I was feeling  
to some extent because Phyllis knew that I was going  
to try and approach her.

8

Q. Yes.

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A. When I started to talk to her I  
remember that we both cried because it was difficult  
for me to have to tell her that she was bothering me  
in some ways and it was also difficult for her because  
she said that she didn't realize that that was the  
way she was coming across.

15

Q. And how was it resolved at that  
meeting between the two of you?

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A. She said to me that she would  
try to be more aware of this difficulty that existed  
and that she would try harder to not make judgments over  
top of me and to listen to what I was saying as well.

20

Q. And thereafter did it appear to  
you that she was making such an effort?

21

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A. It got better, yes.

23

Q. All right. Were the differences  
between the two of you ever completely resolved?

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A. I don't think that you could ever say they were completely resolved because we always knew that it had gotten to the point where we had to confront one another, so it was always in the background in terms of working with each other.

Q. Did there continue to be a measure of tension between you throughout the time that you continued to work together?

A. I don't think so, no.

Q. Not tension?

A. No.

Q. And I take it whatever there was between you, you did not believe that it impaired your ability to look after the children on the floor?

A. Not at all.

Q. Other than that request to Mrs. Radojewski that if things could not be improved, you wanted to be transferred to another team, did you at any time in the fall or winter of 1980 hear talk of a proposal to split the team?

A. I don't remember that, no.

Q. Because of the amount of stress that the team was going through, the repeated deaths?

A. I don't remember hearing that.





1  
2 Q. Do you remember hearing it at  
3 any time?

4 A. No, I don't.

5 Q. And your reasons for raising that  
6 as a possibility with Mrs. Radojewski in the fall of  
7 the year were quite different, they were the  
8 reasons that you just described.

9 A. That's right.

10 MR. LAMEK: I have just been handed a  
11 very cryptic note. The question is: "Do I smell  
12 smoke or something".

13 MS. CRONK: Some of us are of the view  
14 that there may be something burning, sir, not to cause  
15 any undue alarm. It may be nothing more than a smell  
16 of cigarettes.

17 MR. LAMEK: Yes, I smell smoke.

18 MS. CRONK: Thank you very much.

19 MR. SOPINKA: Maybe it is Percival  
20 thinking.

21 THE COMMISSIONER: Shall we carry on?

22 MR. LAMEK: Let's carry on, absolutely,  
23 and don't pass me any more notes!

24 Q. Just before we leave Baby Gage,  
25 Miss Nelles, the medication sheet, page 104 of the  
chart seems to be completely filled out. Do you have





Nelles  
ex. (Lamek)

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any knowledge of anyone other than Sui Scott administering any medication of any kind to Brian Gage the night that he died?

A. No, I don't.

Q. Do you have any reason to think that the medications apparently administered by Mrs. Scott were not exactly as prescribed?

A. No.

Q. Now, after Baby Gage's death there was another three week respite it seems and then Richard McKeil died again in the early hours of the morning at 4:25, October 15th. You will find the nursing assignments for that in the same big book but now under Tab 87 and in particular for that night shift on page 41.

Now, Richard McKeil was again in Room 418 and you were assigned to care for him the night that he died. That night Mrs. Trayner was back as team leader, she had two patients in Room 426, you had four patients in Room 418, Miss Brownless had one patient in Room 418, four in 425 and one in 423 and Mrs. Christie had a roomful of patients in 421, she had six of them.

A. Okay.

Q. Thank you. So, this time we had







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you and Miss Brownless with all of the 418 patients,  
you with four and she with one.

A. Right.

Q. Do you have any recollection of  
Richard McKeil?

A. Again, I remember the baby.

Q. All right. Can you tell me what  
you recall about him, and if it would be helpful once  
again by all means refer to the chart.

A. He had been with us again for a  
fairly long period of time. I remember him having  
some trouble with feeding and there was a question  
whether he had again an underlying physiological  
cause for his vomiting.

Q. Yes.

A. I know he had had surgery early on  
in his stay with us.

Q. Yes.

A. And I remember the baby's mother.

Q. You had cared for him on prior  
occasions prior to the night he died, had you?

A. Yes.

Q. And you say you remember his  
mother. Was there anything particular you remember about  
his mother?





1  
2 A. No, it was that the baby was  
3 from Trenton, so they had originally been referred  
4 from a physician from Belleville.

5 Q. Now, other than as may appear  
6 from the nursing note, and your nursing note on the  
7 first part of the shift is on page 80 and then from  
8 the moment of arrest onwards also the second part of  
9 the note on page 80. Other than as may appear from  
10 that note do you have any recollection of the events  
11 of that night?

12 A. I don't really remember, no.

13 Q. All right. You had four children,  
14 they were all in the same room. Is it a reasonable  
15 inference, Miss Nelles, that you spent most of the  
16 night in that room with those four patients?

17 A. Yes.

18 Q. Miss Brownless had one patient  
19 there. Do you have any recollection of seeing her,  
20 it is entirely likely that you would.

21 A. Yes, but I don't remember.

22 Q. You don't remember. Do you have  
23 any recollection of seeing anyone else in the room  
24 that night?

25 A. I don't remember, no.

Q. All right. Now, when I look at the





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medication sheet on page 90 the child is receiving  
Lasix, aldactone, and I believe digoxin that night.

A. I think the digoxin was on hold.

Q. On hold, you're absolutely right.

A. Or discontinued.

Q. That's right, had been discontinued  
as of that morning I think had it not?

A. Yes.

Q. And you had not administered  
digoxin to that child that night?

A. No, I didn't.

Q. You did administer Lasix and  
aldactone.

A. Yes.

Q. As you signed.

A. That's right.

Q. And the prescribed dosage.

A. That's right.

Q. Any other drugs administered to  
him by you that night?

A. No.

Q. Or to your knowledge by anyone  
else?

A. No.

Q. All right. When this child





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arrested, and let's turn back to your nursing note, he got into trouble at 3:45 in the morning. Your note records that the alarm sounded on his monitor and the apex recorded was approximately in the 80 range. You listened to his heart rate, it was irregular and had gone up to 120, or was counted at 120. The doctor was notified and arrived, the rate dropped again and this time when you listened you couldn't hear any heartbeat at all.

A. Right.

\_\_\_\_\_







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GG  
DPrC 3

Q. The monitor indicated a  
fluttering, fibrillation of some kind I take it?

4

A. Yes.

5

Q. And a Code 25 was called.

6

Do you have any recollection about the preparation  
of arrest drugs for this child?

7

A. Not specifically this child.

8

I remember on a couple of occasions some of the drugs  
that we used in an arrest situation were drawn up  
by Mrs. Trayner and put on a stainless steel tray.

10

11

Q. But you don't recall whether  
that happened in the case of Richard McKeil?

12

13

A. I don't recall.

14

Q. Either way, I take it, whether  
it did or did not?

15

A. No.

16

17

Q. Do you remember any child  
where that did happen, where arrest drugs were drawn  
up ahead of time and set out on a medication tray?

18

19

A. I remember that event occur-  
ring but I don't remember which child or who it  
involved.

20

21

Q. Do you remember whether it  
occurred more than once?

22

23

A. I cannot remember it more than

24

25





1  
2 once or twice, no.

3 Q. And if it were twice, you  
4 cannot remember either?

5 A. I cannot remember if it was  
6 twice. It seems to me it was more than once but not  
7 more than a couple of times.

8 Q. When you say arrest drugs, I  
9 take it you mean drugs that are routinely and  
10 commonly, virtually inevitably used in the course of  
11 an arrest procedure?

12 A. That is right.

13 Q. When they were drawn up in  
14 advance, how much in advance?

15 A. Again, I don't remember. I  
16 would say not very long.

17 Q. Could we ask the question not  
18 in terms of minutes or hours but in terms of the  
19 course of the child?

20 Was this something that Mrs. Trayner  
21 did when it was apparent the child was getting into  
22 serious difficulty?

23 A. That is my recollection, yes.

24 Q. Before a Code was actually  
25 called?

A. I think so, yes, before the





1  
2 actual 25 Code would be called.

3 Q. This is in anticipation of  
4 the Code being called, I take it?

5 A. I would not say necessarily  
6 that but, in case of an emergency, there was something  
7 ready.

8 Q. Believe me, I meant no more  
9 than that. Against the possibility that a Code 25  
10 was called, those drugs at least would be ready to  
11 go as soon as the arrest team arrived?

12 A. Right.

13 Q. Do you regard that as good,  
14 sound anticipatory nursing practice?

15 A. Yes, I do.

16 Q. Do you have any cause to  
17 think, how does she know what to do?

18 A. No, not at all.

19 Q. Did it seem to you to be a  
20 perfectly rational and prudent thing to do?

21 A. Yes. Because, during the  
22 course of an arrest, there are these medications and  
23 pre-loaded syringes on top of the crash cart itself  
24 and they are used up very quickly. So, the actual  
25 function of one of the nurses at an arrest is to draw  
up more of these medications. So, if she has a few





1  
2 extra already drawn up and labelled, then I guess you  
3 could say she was that much more organized.

4 Q. Is it something that you have  
5 ever done, Miss Nelles?

6 A. I do not recall myself doing  
7 it, mainly because I would be busy with the children  
8 themselves.

9 Q. Something that perhaps the  
10 team leader has time to do when the actual nurse in  
11 charge of the child may not have time?

12 A. Right.

13 THE COMMISSIONER: Is there some reason  
14 why the crash cart itself could not be equipped that  
15 way at all times?

16 THE WITNESS: The crash cart, as I  
17 say, has a tray that is already packaged on top --

18 THE COMMISSIONER: Why could it not  
19 have all of this preparatory stuff?

20 THE WITNESS: I guess they are  
21 expensive and they only have so many of the pre-loaded  
22 variety.

23 THE COMMISSIONER: If they are pre-  
24 loaded, will they not maintain themselves, would they  
25 not preserve themselves?

THE WITNESS: They would have an expiry







1  
2 date on them.

3 THE COMMISSIONER: But they would have  
4 that whether they were prepared or not?

5 THE WITNESS: Right.

6 THE COMMISSIONER: I just wondered  
7 why this could not be done, not in the rush of the  
8 evening but done in regular routine in the Hospital.

9 It was not, anyway?

10 THE WITNESS: It was not, no.

11 MR. LAMEK: Q. On the occasions when  
12 you were team leader, Miss Nelles, and it was  
13 apparent that a child was getting into difficulty,  
14 did you on those occasions draw up drugs that might  
15 be needed if an arrest actually ensued?

16 A. I cannot remember doing that,  
17 no.

18 Q. Do you ever recall seeing  
19 any other team leader drawing up drugs against the  
20 possibility of the occurrence of an arrest?

21 A. Again, I don't remember seeing  
22 that, no.

23 Q. Four days after Richard  
24 McKeil died, on October 19th Antonio Adamo died. He  
25 died in the afternoon at 5:43 and, again, you were  
not on duty. Do you have any recollection of the





Adamo child?

A. The name seems familiar,  
but that is really all.

Q. Do you have any recollection  
that his death caused some concern and puzzlement as  
to its cause on the floor?

A. I don't recall that, no.

Q. You have no recollection of  
it?

A. No.

Q. Other than the death of  
Francis Volk at 5:15 in the afternoon of October  
23rd, and again you were not on duty - you were  
working the long night that night; that takes us to  
the end of October. Do you have any recollection of  
Francis Volk notwithstanding that you were not there  
at the time of his death?

A. No, I don't remember.

Q. We are now at the end of  
October. Let us pause again and do one of our  
stock-takings.

Since the death of Antonio Velasquez  
on August 25, the mortality rate appeared to drop in  
September/October, did it not?

A. Yes.





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2 Q. There had been some five  
3 deaths, including Heyworth and Volk, but I take it  
4 the stress level was still pretty high among nurses  
5 on the floor, notwithstanding there had been a decline  
6 in the number of deaths?

7 A. I do not remember it as being  
8 as bad as the July/August period.

9 Q. It was still a matter of  
10 concern, was it not?

11 A. Again, I don't remember it.

12 Q. Could we look at the Ward 4A  
13 meeting book, please, which is the third tab in that  
14 volume.

15 If you could turn to page 175, you  
16 will see, on the left-hand side there, a note first  
17 of a meeting of October 5, 1980 and, beneath that,  
18 a one line note of **October** 13, 1980 and then, the  
19 bottom half of the page, October 23, 1980.

20 Do you see that?

21 A. Yes.

22 Q. I do not see that you are  
23 listed among those said to have been present. Were  
24 you aware of that meeting or did you learn of it by  
25 subsequently reading the ward meeting book?

A. I must have at some time.





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Q. Do you recall seeing the note that begins at the very bottom of the left-hand column?

"The need was identified for a more open communication system between nursing staff and medical staff. Nursing staff expressed feelings of frustration concerning communication blocks with doctors and the feeling that the medical staff did not trust nursing judgment as they should. Feelings of frustration with respect to arrests were verbalized and discussed."

Do you remember seeing that?

A. I don't have any direct recall of it but I must have read it at some time.

Q. It does suggest, does it not, that there was still a measure of unease about the arrests that had occurred on the ward even though the rate had dropped off during September and October?

A. Yes.

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Q. Was that your impression that perhaps the level, the intensity of the concern had dropped a little with the dropping rate, but still there was a feeling of concern about the thing among the nurses?

A. I think so, yes.

Q. You were not aware at that time of any talk of splitting of the Trayner nursing team?

A. No.

Q. The next child we have then is Lutes, Matthew Lutes who died November 17 at 1:34 in the morning. He also was in Room 418 and he also was your patient. The assignment book at page 107, Miss Nelles, tells us that Mrs. Trayner was in charge without a patient assignment. You had two patients in Room 418; Mrs. Scott had three in 418 and two in 421; Mrs. Christie had one in 423 and four in 425 and two I believe in 426.

Do you have a recollection whether your two patients in 418 were on shared care?

A. I don't remember that but I would assume that if I was only assigned two patients probably one of them would have required shared care.





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3 Q. Clearly there is no indication  
4 in the daytime nursing assignments that there was  
5 a shared care situation. Indeed, if you look in  
6 the daytime in the afternoon, Miss Ganassin had  
7 three children in Room 418, one of whom was Lutes.  
8 Do you see that?

9 A. Yes.

10 THE COMMISSIONER: Surely it would  
11 have to indicate somewhere that there was shared  
12 care because it made a difference. You could not  
13 leave the child without being relieved.

14 THE WITNESS: Right.

15 THE COMMISSIONER: So would they  
16 not have to tell you?

17 THE WITNESS: Sometimes in terms  
18 of the head nurse or the team leader during the day  
19 working out the assignments it was felt that from  
20 looking at the daytime nursing care that one of  
21 those children required a lot of extra time and  
22 she just decided that perhaps on nights I should  
23 only have the two patients, but if one of them had  
24 actually been ordered shared care then I think it  
25 would normally appear.

THE COMMISSIONER: It would have  
to be both of them that would have had to be ordered





shared care before it could be shared, would it not?

THE WITNESS: Normally they only ordered shared care for one patient and as I said the other patient was usually considered a lighter patient.

MR. LAMEK: Q. Let me be sure I understand that, Miss Nelles. If a child were under constant care that I would take it would be some indication that that child needed to be very closely watched indeed.

A. That is right.

Q. To the extent where he would occupy one nurse's entire time?

A. That is right.

Q. If however there were a child who needed an enhanced level of care --

A. Right.

Q. -- but a little bit less than full constant care, then you might order him to have shared care?

A. Right.

Q. And assign the nurse who was to provide that care to him someone less seriously ill?

A. That is right.





1  
2 Q. You are not required to occupy  
3 all of your time with the one sick patient, you  
4 have enough free time and available time and energy  
5 to look after someone less seriously ill. Is that  
6 the situation?

7 A. Right, and the physician does  
8 not have to write shared care for the other patient.

9 Q. But you would expect him to  
10 write it for the ones that did need that enhanced  
11 level?

12 A. Yes.

13 Q. All right. Do you recall  
14 Matthew Lutes?

15 A. I don't remember him, no.

16 Q. Do you recall anything of the  
17 events the night that he died?

18 A. No, I don't.

19 Q. You have reviewed your  
20 nursing notes that night, I take it?

21 A. Yes.

22 Q. And it is of no assistance  
23 in helping you recall the events?

24 A. Not really, no.

25 Q. We do know from the nursing  
note that the child took a turn for the worse at







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about midnight?

A. Yes.

Q. And at 12:30 in the morning became severely bradycardic and at 10 minutes to 1:00 they started CPR?

A. Yes.

Q. He was pronounced dead at 1:34 in the morning?

A. Yes.

Q. If you have no recollection of the child other than what appeared in the notes, I take it you cannot tell me whether you experienced any surprise at his death?

A. I cannot remember, no.

Q. The medication sheet is on page 75 of the chart. It appears he received digoxin that night, aldactone and Lasix?

A. Right.

Q. All three having been administered by you at 9 o'clock in the evening?

A. That is right.

Q. And signed for by you?

A. Yes.

Q. I take it those drugs were administered in the prescribed doses?





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A. Yes.

3

Q. Other than those three drugs

4

did you administer any other medication to that

5

child that night?

6

A. No, I did not.

7

Q. To your knowledge did anybody

8

else?

9

A. No.

10

Q. I take it from what you have

11

told me you have no recollection of who may or may

12

not have been in the room at different times at

13

night?

A. I'm sorry, I don't remember.

14

Q. Or whether indeed you spent

15

a good deal of the night in that room. It was a

16

shared care situation so you must have, I take it?

17

A. That is right.

18

Q. If it was shared care you

19

would have to be relieved?

A. Right.

20

Q. And you have no recollection

21

of who may or may not have relieved you?

22

A. No, I don't.

23

Q. Miss Nelles, John Onofre was

24

the next child who died on September the 9th. He

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died on Ward 4B. You were on duty on Ward 4A.

3

Do you have any knowledge of that child or any

4

recollection of him?

5

A. No, I do not.

6

Q. Likely you were present at

7

the arrest, I take it?

8

A. Yes.

9

Q. Do you have any particular

10

recollection of it?

11

A. No, I don't.

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Q. When D'Arcy MacDonald died on December the 13th at 4:30 in the morning you were not on duty. Had you had any dealings with that child?

6

A. Not that I remember, no.

7

8

Q. You have no recollection of her?

9

A. No.

10

THE COMMISSIONER: Didn't we decide that D'Arcy MacDonald was a boy.

11

12

MR. LAMEK: I think she was a female child, was she not?

13

THE COMMISSIONER: I thought a male.

14

MR. LAMEK: Oh, it was a male child was it, all right.

15

THE COMMISSIONER: Yes.

16

17

MR. LAMEK: Q. Does that help you to remember, Miss Nelles?

18

A. I don't remember, no.

19

20

Q. Let's move then to Real Gosselin. Real Gosselin was your patient on the night that he died, and he died a little after 3 o'clock in the morning on December the 18th. Perhaps once again we will set the assignments for the night. It is page 171, I think. Mrs. Trayner

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1  
2 was in charge that night with no patient assignments.  
3 You had four patients in Room 418, one patient in  
4 Room 423. Mrs. Christie had three patients in 421  
5 and two in 426 and two in 425, and Ms. Brownless  
6 was ill.

7 A. Right.

8 Q. There was no indication there  
9 of any relief for you, there seemed to be just the  
10 three people on duty, the team leader not having  
any patients.

11 A. That's right.

12 Q. You had Baby Gosselin in 418  
13 along with as I see three others there, and one in  
14 that single room, 423?

15 A. Right.

16 Q. Do you have any recollection  
17 of Baby Gosselin?

18 A. No, I don't.

19 THE COMMISSIONER: I'm sorry, where  
do we find --

20 MR. LAMEK: Did I read the wrong  
21 one? I am sorry, I have done it all wrong.

22 Q. We have to turn back a page  
23 to page 169. I must be getting tired at the end  
24 of the day. Mrs. Trayner did have a patient at  
25





1  
2 night in the single room, 423. Miss Lowe had three  
3 patients in 425, and Baby Loxley in 418, she was  
4 being shared on 4B, and had three patients in 418.  
5 Mrs. Christie had three in 421, two in 426 and one  
6 baby Jama in 418. Now we have it correctly.

7 Gosselin was one of your three  
8 patients and 418 was the only room in which you  
9 had patients that night?

10 A. Right.

11 Q. I am sorry. Now, I have got  
12 the right night, I take it your answer is still the  
13 same, you don't have any particular recollection of  
14 the night he died?

15 A. No, I don't.

16 Q. And the nursing note is of  
17 no assistance to you then?

18 A. No, I can't find it.

19 Q. Do you recall the baby was  
20 receiving nothing by mouth?

21 A. What page is this?

22 Q. I'm sorry, the nursing notes  
23 on page -- unnumbered in that one, they are faintly  
24 numbered, if you will bear with me, 46.

25 A. I have found it.

Q. The note begins half way down





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the page.

A. Right.

Q. The baby was kept NPO,  
prostaglandin going and a good deal of edema,  
shallow respirations. None of that helps you recall  
the child the night that he died?

A. I don't remember him, no.

Q. But he was your patient and  
presumably you were present at his arrest?

A. Yes.

Q. And the resuscitation effort?

A. Yes.

Q. And it proceeded to the  
result that now has become unhappily very common  
the child died?

A. Yes.

Q. The medication sheet, on page  
52 of the chart really shows no administration of  
medication?

A. That's correct. It shows  
that an IV started and those medications are ordered  
orally.

Q. And therefore they are not  
medications that you could administer?

A. Right.





1  
2 Q. I think if you look at page 54  
3 of the chart you will see Lasix was given by  
4 Dr. Stephens, is that 7:45, was the order there?

5 A. Yes.

6 Q. Do you recall that was  
7 shortly after the beginning of the shift, you have  
8 no recollection of it I take it?

9 A. No, I don't remember that, no.

10 Q. Did you administer any  
11 medication of any kind to the child the night that  
12 he died?

13 A. No, I didn't.

14 Q. To your knowledge did anybody  
15 else other than Dr. Stephens as we have seen from  
16 the note on the doctor's order?

17 A. No.

18 MR. LAMEK: Mr. Commissioner, it  
19 has been a long day for Miss Nelles I am sure, and  
20 maybe we can hold this until tomorrow morning.

21 THE COMMISSIONER: Yes, until  
22 10 o'clock tomorrow morning.

23 ---Whereupon the hearing adjourned at 4:28 p.m.  
24 until Tuesday, April 3rd, 1984 at 10:00 a.m.  
25









